TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, or other troumatic event, the medical examiner

moy be

STATE OF MARYLAND

4	,	FOR	DEPAI	TMENT OF HEALT	H AND MENTAL HYG	IENE		
ı	1 -	STATE REGISTRAR		CERTIFICAT	E OF DEATH	REG. NO	79-101	606
1		EASED NAME FIRST	WIDDLE	LAST				HOUR 8
	(TYPE C	VEROI	vica	AD1	9ms	5/25/	79	AM
1	3. SEX	-	4 RACE	5. DATE OF BIR	TH GAY YEAR	6 AGE (IN YEARS LAST BIRTH	PACE TO SERVICE STATE OF THE PACE TO SERVICE STATE STATE OF THE PACE TO SERVICE STATE OF THE PACE TO SE	UNGER 24 HRS
		t.	W.	4	27 09	70	YRS	
	Je BIR	THPLANE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? B MARRIED	NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	,
9		Jann.	'U.S.A.	WIDOWED	DIVORCED	ALVOE ARO	un Del Coun	74 MD.
7	10. CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR		HER INSTITUTION	120 USUAL OCCUPATIO	WORKING LIFE) INDUSTRY	USINESS OR
1		EW BURNIE,	WORTH ARUND	EL CONUE	LESEN CENT	Thuseway	le at The	come.
1	130 CS		ROTHER INSTITUTION, GIVE RESIDENCE BE NTY 13(, C)TY OR TO		NSIDE CITY LIMITS?	136 STREET ADDRESS	0 1 + 2	1230
2		Mid "	6-Jall	- January	NO 🗆	2409	Is butona	nl.
	14. FA	THER'S NAME	MIDDIE LAST	IS N	OTHER'S MAIDEN NAM	ME	Pass	0
	1/2 31/	AS DECEASED EVER IN U.S. AR	MAN FORCES? 166 SOCIAL SE	CURITY NO 12 II	NEORMANT	ADDRES	. cea	CK.
			E WAR OR GATES)	10-1 019 m	el. · O	ad. 21	chan a line	- Cou
		140	0/3	11111	ellon y.	u upma: d'	APPROXIMAT BETWEEN ONS	E INTERVAL
		PART I. DEATH WAS CAUSE	1 0 1	sona (ci)	ac+h	e Lud,	BETWEEN ONS	ET AND DEATH
		IMMEDIA	TE CAUSE (o)	102011				
		Conditions, if ony, which	DUE TO, OR AS A CONSEC	DUENCE OF	re tec	Lesie		
		gave rise to immediate	(b)			3,3		
		underlying couse lost	DUE TO, OR AS A CONSEC	QUENCE OF				
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 1	O DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1(0)	
	NO O	- ASC	UD. 10	UA				
ī	ATI	190. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WA	S PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS	
2	CERTIFICATION					YES NO P	IN CERTIFYING CAUSES OF YES	NO [
	E E	210. ACCIDENT WAS UNDERLYING	LIQUID A M. MONITH		HOW INJURY OCCURR	RED JENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
		OR CONTRIBUTING CAUSE OF DE.		DAY YEAR				
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211	LOCATION	CITY OR TOWN	N COUNTY	STATE
	2	WHILE ONOT WHILE O	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	SIRCE	- (Coomi	31416
		220.1 certify that (I) (this hasp	ital) attended the deceased fra	n 3	19)9	-10 8 DF	19 <u>1</u> 5, tho	(I) Problem
		sow the deceased alive an above. (1) (we) (did) (did) and	wiew the bady after death.	, and the	t in (my) (out) apinion o	death occurred on the dat	te and hour and fram the cau	ses stated
		226. SIGNATURE		DEGR			22c. DATE SIG	NED
		Mult K	ens	1		MEDICAL STAFF	AND 55	179
		224. PHYSICIAN'S NAME (TYPE C	OR PRINT)	220.	ADDRESS	1+00	1000	~ ~ 1
			Townson 1	-	1121400	pual Frie	XXII Devonus	NO.
		URIAL, CREMATION, REMOVAL	23b. DATE 2	IL NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION	COUNTY C	STATE
		unial	11-11/1/	1 mm le a mar	1 1/ Mandar II.			
	24 EU	INERAL DIRECTOR	3 -0 ////	- usur	12 2 3 250. WAT	BRECO BY BEG BY BAR 2	Sh. REGISTES RIS SHOWERED	e a dia

BP. DHMH - 16 25M

(VR A 15 (4)) 9/74

13-10-606 .

n signed by the attending physician and campletely filled in by the funeral director. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours af

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70 -10607

	R	REGISTRAR				CERTIFICATE OF DEATH			REG. NO. 19-10001						
	1. DECE.	ASED NAME	FIRST		MIDDLE	L	AST	6 8 S M	26. DATE OF	DEATH	MONTH	DAY	YEAR	26 HOUR D	ST
	[TITE OK		SAMUEI		Colling	s AMC	SS. JE	١.	MA	Y 3.	1979			12:55P	
	3. SEX	M. A	201	4. RACE	0 1	5 DATE O	FBIRTH		6. AGE INYE				RIYEAR	IF UNDER 24 HR	15
	13	mal		U	sheth	Sep	t. 24	,1 921	57		YRS.	MONTHS	DAYS	HOURS MIN	
	7a BIRTI	HPLACE (STATE OF FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	X NEVED	MARRIED [9. BALTIMO	RE CITY C		Y OF DE	ATH		_
5		ryland		U.S.A		WIDOWE		NORCED [UNDEL				MD.
i	10 CITY	OR TOWN OF DEA	HTA		HOSPITAL, NURSIN		R OTHER INS	TITUTION	12a. USUAL O	CCUPAT FOR MOST (ION OF WORKING I	12b.	KIND QU	Dist. apeake)R
f		EN BURNIE		NORTH	ARUNDEL :	HOSPIT	CAL		Sales	Mgr	· (re	t C	hes	apeake	3
L	T30. STA	RESIDENCE (IF NURS	136 COUN		13c. CITY OR TOW	N I	13d. INSIDE (ITY LIMITS?	13ª STREET	ADDRES\$					П
	_	yland	A.A.		Severna	Park	YES 🗌	NO 🖹	13 STREET	Sout	hway	21	146		
	14. FATH	HER'S NAME		AIDDLE	LAST		15. MOTHER	S MAIDEN NAM	ME	MIDDLE			LAST	1	
G	Sat	mue1		C.	Amoss	Sr.	Hele					Sha			
		S DECEASED EVER	LIEYES GIVE	WAR OR DATES	166 SOCIAL SECU		17. INFORM		fe)		ESS Sa	me	as i	#13	
l,	Yes	S	W.W.	II	218-14-	-9583	Mrs.	Dorot	hy E.	Amo	ss	1000			
ì	118	CAUSE OF DEAT	H Enter on	ly are come per	line for on its an		-	-	.^		- 11		APPROXIC	MATE BUTERVAL DNSET AND DEATH	
ı		PART I DEATH W		E CAUSE (a)	10	au	1 1	tun	.00						
Ų		2391		DUE TO . O	R AS A CONSEQUE	ENCE OF									
		Conditions, if any,		(10)_			300		-						
١		gave rise to imm cause in statio	ig the	DUE TO D	R AS A CONSEQUE	ENCE OF									
i	1	inderlying couse	laut.	(10)		11115	200								
		ART 2. OTHER SIGN	ALE TO	ONDITIONS	NTRIBUTANO TO I	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	ORCON	DITION GI	VEN PUP	PART 110	10	
	CERTIFICATION	DATE OF OPERA	TION	TIPL COND	TION FOR WHICH	OPERATION	WAS PERFO	ORMED	70s AUTO	PSYT	1266. IF YE	5. WERE	FINDIN	IGS USED	-
1	FE			111111111111111111111111111111111111111					YES 🖂	NO	IN CERT			OF DEATH?	
i	H 71	Te ACCIDENT WAS UND	DERLYPHO [715 TIME O	FINJURY		TIE HOW IN	JURY OCCURR					PART Z)	140	-
ì	The second second	SECONTRIBUTING (166.	M. MONTH D								11111		
i	100	A MURY OCCUR		71s. PLACE	OF INJURY	19	7H LOCATE	ON				100		15	-
ł	ME.	197 and	HILL C	(AT HOME, STA	BET, FACTORY, OFFICE, F	ARM, ETC.)	STREET			CITY DR 10	2/_	000	MEY	STATE	
i	17	a county that (II		toll and the local	forced from_	91	50/7	70	to	5/	5/7	10_	-	that (I) (we) Ir	est.
		obore.	ed of we on.	2/2	1 17 19	one	d that in (my	(our) opinion o	death occurre	on the d	ate and ho	ond to	rom the c	couses stated	
7	70	HS PHATORS	Y	A C	dedth.		EGREE		-			22	L DATE S	SIGNED /	
ì		MO >	AN	K (D)	Que	N	4)	PHYSICIAN P	DINECTOR	5TA	CIANT		5	13/7	3
	N	THE SICIAN N	AME ITTE	paint	(0	22+ ADDRES		HOSPI			#2	07	1	1
	IV	JORGE I	B. RAN	IREZ. N	1. D.				EN BURN					51	
1	230 BUR	RIAL, CREMATION,				NAME OF CE	METERY OR	CREMATORY	23d LOCA	TION			$\overline{}$		_
		urial	0	17.1	979 Di	ruid :	Ridge	Cem.	Pik	esvi	ille,	Bal	to.	Md .	
	24. FUN	ERAL DIRECTOR	4	A ST.					E REC'D. BY RE	GISTRAR	25h. REGIS	TRAR'S	SIGNATI	URE	

MAY

ADDRESS

Home, GlenBurnie, Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

Singleton

Funeral

BP

TO FUNERAL DIRECTOR: After this certificate has been

PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

should be detached for use as the burial-transit permit. Then please remove carbanpopers: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. MPORTANT: If them 21 is marked or Item 18 shaws any injury, ar other traumatic event, the

A Shoiffe that the sent didn't show A.S.U how bondy unit Pales Dar. (ces) checaponia Manyland A.A. Severnakark - 12 outsway 21345 -Samuel C. Jacobs Pr. Helvine Yes 11 213-14-9393 Mrs. Dozotky E. Atogs and themselve "Halaid" 24/2/3 - 12/04/6 30/43 E/G M CM CM COLD MAN 7, 1979 Ordid Ridge Oca. PficevilloySalto, Nd. Signifetion Educate Home, tongagemente. Ed. 1879 Michael Co.

completely filled in by the funeral di 1 and 2 should be filed within 72 ha

poper S. Pages

10 FUNERAL DIRECTOR, A should be detected for use with the State Dept, at Heal

DHMH - 16 50M7/77 (VR A 15 (4))

must be notified at ance.

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9 -	1	0	6	0	BST
MONTH	DAY	YE	AR	2 b	. HC	OUR

		REGISTRAR				CERTIF	ICATE OF DEA	AIH		REG. NO.	1:	9-10	0 U DST
		CEASED NAME OR PRINT)	BESSIE		V •		ERSON	2	MAY	DEATH MO	19 7 9	DAY YEAR	3:41P _M
	3. SEX	Fem	al	4 RACE NO	ens	5. DATE O	F BIRTH	904	AGE (IN YE	ARS LAST BIRTHD		IF UNDER I YEAR	HOURS MIN
17	cc	OUNTRY)		4.5	WHAT COUNTRY?	WIDOWE	7-34	RCED		RECITY OR	COUNTY	OF DEATH	TY MD.
54	GL	EN BURN	IE	NORT		EL HO	OSPITAL		TYPE OF WORK	FOR MOST OF W			OF BUSINESS OR
35	13a. S	AL RESIDENCE (IF NO	URSING HOME OR C	other institution.	13 CITY OR TOW	N		0 🗆	100	te #	= 1		
50		ATHER'S NAME FIRST	se V	Nard	awst	IDITYALO	15. MOTHER'S M.		RiE	ADDRESS	1, d	ema	N
2.		WAS DECEASED EVE YES, NO OR UNKNOWN)			166 SOCIAL SECU	KIT NO.	William	WAR	dlau	1-46		NY.	MATE BUTERVAL ONGST AND DEATH
0	CERTIFICATION		MAS CAUSED IMMEDIATE THE MASS CAUSED IMMEDIATE THE MASS CAUSED IN THE	DUE TO, OF	R AS A CONSEQUE ON ARRIBUTING TO 1 IT ON FOR WHICH	HT PACE OF DEATH BUT) ATT (1 1 1 1 1 1 1 1 1	=11357 (751070)	70e AUTO	IPSY?	10h. IF YE:	EN IN PART 11:	NGS USED
9	MEDICAL CERT	22s certify that saw the dece- above. It is	CALIFE OF DEAT DEAL ERAMINEE UPAGE WHILE (this hospith oxed alive on	PAR PLACE (AT HOME STA	M. MONTH DO M. OF INJURY BET FACTORY OFFICE F OTHER GROWN B R R R R R R R R R R R R	19 (ARM, 47C.)	27+ ADDRESS	To	arti occurre	CHY OR TOWN 100 100	A de and hou	country 19 or and from the	SSECTION SECTION SECTI
	1	BENATION R.	A /	5-16	5 20 35	wame of c	emetery OB CRE	MATORY	Mo	TION FOWN	via	COUNTY	md.
	6	UNERAL DIRECTOR	Sno	wden	ROCKV	· WA-	Md.M		1979	EGISTR 25	. REGIS	Chiendy	URE

		CHARGON STORY	15 A 15 51	
mad 0 to 0 1 - 8 7				
79 31412	er .or vam	Modelagua	als ev.	i c
			0014	
YDJU00 ag	GHUNA BRWA		* L. S. J.	
		JATISTON LIBERTY	A PERON	STURUM MAKE
				Contraction of the contraction o
			S. L. TOWN	
		司用力		
		- VALIA		
			4 3 1	
	5/10/5	42/242	101/8	
18/1/2		pre posse	X. Aug	
		con ass \.		e
ALKA.	A COLL 2	AM Company		

BP

DHMH - 17 (VR A15 ME (5)) 15M 7/76

	1-	FOR STATE REGISTRAR				STATI ENT OF H XAMINE	EALTH		NTAL H		71.1	EG. NQ	9 -	108	0	9
		CEASED NAME E OR PRINT)	ELLA		MIDDLE		ANDE	RSON		20	OF EST DEATH MAT	1.	MONTH 5	13 197		76 HOUR
1	fe fe	emale	4 RACE white	5 DATE OF BIRTH	09EAR	AGE (IN YEAR LAST BIRTHDAY) MONT		IF UNDER		DATE RONOUNCED DEAD		MONTH 5	14 ₁₉ 7		24. HOUR
3	7a. BI	RTHPLACE ST	ATE OR	76. CITIZEN OF WH.	AT COUNT		8. MARR	IED NE	ER MARRI	IED L	nne Aru				Н	MD
00	10 CI	Owings	OF DEATH	11. NAME OF HOSP HENOT IN SUCH FAC BOX 6			OR OTH	er institu	ION	FORMG	LOCCUPATION STOP WORKING UNIVERSE	FED	F WORK	12b KIND C OR INC	OF BUS OUSTRY	INESS Y
35		Md.	(IF IN NURSING HOME OF	OTHER INSTITUTION, GIVI	136 COL		N)	13d INSIDE (I	TY LIMITS?	13e. STAREE	ral Bo	x 6				
20		arry S.		MIDDLE	Ę.A	ST		Ha	ttie	NAME	MIDDLE		Se	last ans		
-1		VAS DECEASEI ES, NO, OR UNKNO NO		VAR OR DATES)	578	al security		VICA	Mal	عطاة	Bex	DRESS 637	20	text (7	d
Ca acres de la		PART I DE	IMMEDIATION AND AND AND AND AND AND AND AND AND AN	y one cause per line (BY: Gu E CAUSE (a) DUE TO, OR A (b) DUE TO, OR A	nshot as a cons	wound	F							BETWEEN	ONSET	INTERVAL AND DEATH
	THICATION	PART 2 OTHER SI		ONTRIBUTING TO DEATH B						RT I a.				20 AUTO		NO []
PRIOR TO BORIAL	MEDICAL CERTI	UNDERLYING CONTRIBUTII 21d INJURY C	NG CAUSE OF D	21e PLACE O	MONTH 5-1 FINJURY ORY, FARM, ETC	3- 19 79 (AT HOME.	211 LO	elf-in CATION STREEL		ed.	CITY OR TOWN		СО	RT 2)		STATE Md.
, CANADA			fy that I taak charge	e of the remains desc		e, held an	Autop	Sy X, Homic		n .	Inquiry ,		in my a			

236. BYRIAL, CREMATION, REMOVAL 236. DATE 5-17-79 Souther 24. FUNERAL DIRECTOR FUNERAL HOMPS Owings Md,

Ann M. Dixon, M.D.

ACTUAL

EXAMINER'S NAME (TYPE OR PRINT)

23. NAME OF CEMETERY OR CREMATORY Southern Mem. Gardens

23d. LOCATION
CITYOR TOWN
UMRITH

Cal. Md. STATE

5-15-79

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

Assistant_MEDICAL EXAMINER

111 Penn St.

0101-6				
(A 22 & 2)				•
Y				
the or linear or				
		1012		
	1.56		1	
Company of the St.		1 200	E ON	
			en .	
	The state of			
	arc I Little			
			Section 2004	

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	7	9	_	1	0	6	1	0
-	-	J		ı.	V			

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0 1 3	100	
	DECEASED NAME FIRST	MID	DLE	i	AST	20 DATE OF DEATH		YEAR	26 HOUR
ľ	KEI	rh I	R.	В	EGGS	MAY 19.	1979		12:45AN
3.	SEX	4 RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
L	Male	Caucas:	ian	Jüï	y 16°, 190°2	76	YRS.	THS DAYS	HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE			NEVER MARRIED	9. BALTIMORE CITY C		DEATH	
100	CITY OR TOWN OF DEATH	11. NAME OF HO		WIDOWE G HOME O	DR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND C	MD. OF BUSINESS OR
	Severn	1855 QU	JEBEC C	r. s	EVERN, MD	Store Ow	ner	Reti	red
13	SUAL RESIDENCE (IF NURSING HOME O 30 STATE 136 COU Md A.A	NTY 13	Severn Severn			1 / /	treal	Road	
14	FATHER'S NAME FIRST FRANK	MIDDLE	Beggs		Margaret	WE		Goull	I'd.
16	WAS DECEASED EVER IN U.S. AF	C 222 - C C C C C C C C C C C C C C C C	b SOCIAL SECUR		17 INFORMANT	ADDR		EDA	Scale of
L	(YES NO OR UNKNOWN) IF YES, GIV	B'	90-32-2	2164	Mrs. Ailee	n Beggs, w	ife,sa	ame a	as 13
F	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ED BY:	refor (a), (b), and		0.			BETWEEN O	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR A	AS A CONSEQUEN	NCE OF				4 m	orthy
	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN	VERE FINDIN	NGS USED
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINER OF CONTRIBUTION OF	HOUR A.M. P.M. 21e PLACE OF	MONTH DA	19	211 LOCATION	ED JENTER NATURE OF INJU		1 OR PART 2)	STATE
1	WHILE NOT WHILE AT WORK	(AT HOME, STREET	T, FACTORY, OFFICE, FA	RM, ETC.)	JIKET	CHYORIO		COOKIT	STATE
	22a. I certify that (I) (this hosp saw the deceased alive a above, (I) (we) (did (did no 22b. SIGNATURE	arting 9	197	9	nd that in (my) (our) opinian o	, to way 9			
	Junes	L. au	why.	m.	TITISICIAL E	MEDICAL STA			4/201
	22d. PHYSICIAM'S NAME (TYPE				Hopkins H		Baltin	nore,	Md.
23	Bo. BURIAL, CREMATION, REMOVAL	23b. DATE 23May			and Cemeter	y Clinton	ville	Wis	Sconsin
	James S. Kirk	ley, Gl	en Buri	nie,		Y 2 2 1979	256. REGISTRAI	R'S SIGNAT	URE

BP DHMH - 16 50M 7/77 (VR A 15 (4))

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

etoined by the hospital or attending physician

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the buriol-transit permit. Then please remove carbanopopers. Pages 1 and 2 should be filed within 72 hours oftwith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MAPORTANI: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be natified at once.

Als Granaten value 10,1902 % Coordin Sin Edward Commission Commis		erer or you				HELEN	
Appears to the country of the country to the second		75			s.i.an car	ā i	0.13%
Id. Severa Mirroret Louid Frank Serva Mirroret Louid Lo SO-32-154 Mms. ilaan Mages, vilu, seva es l		3 9 N () () () () () () () ()	X		Apu		icomuin
reprint to the control of the contro	deniedel.	tore typer	art Kanvan	nee cit, s	mta da		U.E. VEL
10 890-32-2164 Ins. iilean Degar, siie as I		Issaumon CC/I	Ti de la companya de	maov:			. bri
O. 139 call degra, allow the second of the s	bluct		Jegangnie	egros			Frank
	I an one	e, allia, magain a					0
have agreed for the forthern the printing all the state of the state o							

nding physicion and completely filled in by the corbanpapers. Pages 1 and 2 should be filed a triff 77

8	1	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	79-106	11
4		DECEASED NAME FIRST RUSSEL	1 Glen		nett	May 31		26 HOUR 11:00p
	3	Ma le	Caucasian	5 DATE C	11,1917 YEAR	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER I YEAR MONTHS DAYS	HOURS MIN
19	70	BIRTHPLACE STATE OR FOREIGN COUNTRY) Pittsburg Pa.	76 CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	MD.
notified		city or town of death	NOTTH ATUNO			120 USUAL OCCUPATION TO THE COLUMN TO THE CO	ON 126 KIND (of BUSINESS OR nghouse
must be	U 13	SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY)		RE ADMISSION) VN URNIE	13d INSIDE CITY LIMITS? YES NO.	13e STREEL ADDRESS I Thomas	Road	
xominer	14	FATHER'S NAME Edward	MIDDLE Bennet	t	15 MOTHER'S MAIDEN NAM Bertha	ME	Roge	ers
medicol	16	WAS DECEASED EVER IN U.S. AR (YES, NOOR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECTOR OF DATES)	URITY NO	Mrs. Anna	Bennett,		as 13
or to buriol, cremotio y injury, or other trou			DUE TO, OR AS A CONSEQUION (c)	DEATH BUT		INAL DISEASE OR CONE	DITION GIVEN IN PART 1	
lene pri	0	19a DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	NGS USED S OF DEATH?
entol Hyg tem 18 sh			ATH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2]	
rked or I	100000	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21¢ PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
with the Stote Dept, of Healtl		220.1 certify that (I) (this has a saw the deceased live or above it well did it did not the same and the sam	the hody ofter death.		ATTENDING PHYSICIAN DIESES 3350 Wilks	MEDICAL STAR CDIRECTOR PHYSIC	22c DATE	Signed 79
1/75	L	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation FUNERAL DIRECTOR		omewo	emetery or crematory od Cremator 250. DATI	23d LOCATION CITY OR TOWN PITTSD E REC'D. BY REGISTRAR	COLINTY	shany Pa

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the otten should be detached for use as the buriol-transit permit. Then please remove cowith the State Dept. of Health and Mental Hygiene prior to buriol, cremation.

May 51,1870 . 11: 30m PRES. IL TON CHICAGON C. L. SERG. An an and the last of the last ers. came bonneys, which same as it The second of the second secon . No. (Stores In .. W. Erest: Dets can then the tree In Language Community of the tree,

of the color and a series of the color of

puo

Poges

prior

unol-tronsit pern tental Hygiene p Item 18

0

be detoched te Stote Dept.

should by

*

MPORTANT

MEDICAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

13d INSIDE CITY LIMITS?

NO X

- STATE * REGISTRAR REG. NO DECEASED NAME MIDDLE Thomas KSTON 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) DATE OF BIRTH 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAYS 3. 1893 June 85 In BIRTHPLACE STATE OR FOREIGN 75. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland WIDOWED Anne Arundel

ID CITY OR TOWN OF DEATH Glen Burnie

Maryland

FOR

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Maryland Manor Nursing Home

126 KIND OF BUSINESS OR INDUSTRDAVIDSON Chem. Co. (TYPE OF WORK FOR MOST OF WORKING LIFE) Machinist 13e STREET ADDRESS

8083 Solley Road

4 FATHER'S NAME UNKNOWN	WIDOLE	BLOCKSTON	15 MOTHER'S MAIDEN NAME FIRST Lavinia	WIDDIE	TI	LAST	na	0
A THIS DECEMEND THE PALL		Dur cocur cocupient		ADDRESSO	_			-
60 WAS DECEASED EVER IN U.S	S. AKMED FORCES?	TIOD SOCIAL SECURITY NO.	I / INFORMANI	ADDRESSCamo	36	71	- 1	

NO 215-07-7678 Mrs. Anna M. Helferstay (Daughter CAUSE OF DEATH Enter only one couse per line for lai, (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF

Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO OR AS A CONSEQUENCE OF underlying couse

AnneArundel GlenBurnieves

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 136 COUNTY 130 CITY OR TOWN

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116

ON						
ICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		206. IF YES, WERE FIN		
RTIF			YES NO	YES 🗍	NO 🗌	
E	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY 21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART	2)	

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHAT

220 I certify that Na (this haspital) attended the deceased from

Cedar Hill

sow the deceased ofive on obove (1) (we (did) (did not) view the body after death and that in my (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22¢ DATE SIGNED

MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN SICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236. DATE 4 MAY'79

23d. LOCATION

Brook1vn

STATE Md

yno

250. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR FUNERAL HOME, GLEN

DHMH - 16 60M 1/75 (VR A 15 (4))

FUNERAL

51007-87-BESLEY FORMER BACKET TON The second second in the second secon darphand with the state of the clar surelines | Farelines | Lamba polaries rough bostyres | claus male 1/1 217-02-7578 loss, agin M. delforstacillanden

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10613

	REGISTRAR			REG. NO.	
3	1 DECEASED NAME FIRST	MIDDLE LA	AST	20. DATE OF DEATH MONTH DE	AY YEAR 2h HOUR
	Ernest	Salanda B	,00tE	5- 7- 70	1 8. OOAn.
Я	3. SEX 4. 1	RACE 5. DATE O		-	IF UNDER 1 YEAR IF UNDER 24 HRS
	MAle	Black Aug		68 yrs.	ONTHS DAYS HOURS MIN.
ij		CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
5	MARYLAND	USA WIDOWE	D DIVORCED	AACO.	MD.
9	10 CITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOME O AIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 314 Chester Avenue	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR
2	ENDRANDIS	314 Chester Avenue			
	USUAL RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	THE PROPERTY OF THE PROPERTY O	In expert Appares	
5	MARYLAND A.A.	A STATE OF THE	134 INSIDE CITY LIMITS?	314 Chester Av	enue
	14 FATHER'S NAME		15 MOTHER'S MAIDEN NAM		
ij	JAMES	BÖÖTH	CATHER	RINE	PINKNEY
Н	16a WAS DECEASED EVER IN U.S. ARME		17 INFORMANT	ADDRESS	
	(YES, NO OR UNKNOWN) (IF YES, GIVE WA	214-12-9248A	DAISY BOOTH	314 Chester Ave.	Annapolis, Md.
ı				J	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUSED B	ane cause per the far (a), (b), and (c)	5.0-	- M. Andaa	BETWEEN ONSET AND DEATH
١	IMMEDIATE C	AUSE (a)	June C	14/0 448204 800	100 Om.
d	1629	DUE TO, OR AS A CONSEQUENCE)		0
9	Canditians, if any, which	(b)			
5	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			THE RESERVE AND THE PERSON NAMED IN
	underlying cause last	(c)			
	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1/a1
	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	·CVA 2°t	8 HCV +	40	
	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
9				YES NOW YES	
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18, PAI	RT I OR PART 2)
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR			
	OK CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WHILE DOTWINE	21e PLACE OF INJURY	211 LOCATION		
ı	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (this haspital)	attended the decorad from 1017	9 Jan 19	. May 42.	0 7 6 About 10 found last
	saw the deceased alive an	000		death accurred on the date and hour	9, that (I) (we) last
	abave. (I) (we) (did) (did nat) v	iew the bady after death.	o mor in (my) (our) opinion c	seem decorred on the date and noor	and from the couses stated

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR
NAME
WILLIAM REESE & SONS MORTUARY.

FOR STATE

must be notified at once.

completely filled in by the function is 1 and 2 should be filed within 7

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and call should be detached for use as the burnal-transit permit. Then please remove carban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burnal, crematian, or removal.

IMPORTANT: If them 21 is marked at them 18 shaws any injury, at other traumatic event, the

230. BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE 5-11-79

PINELAWN MEM. PARK

ACDRESS

22e ADDRE

23c. NAME OF CEMETERY OR CREMATORY

236. LOCATION Annapolis

19

STAFF PHYSICIAN

MEDICAL

STATE COUNTY Maryland

Annapolis, Md 1979

ENDING PHYSICIAN: The low

TO HOSPITAL

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

79-10614

		REGISTRAR		CENTII	ICAIL OF D	EAIN	REG. NO	D. 1			
		CEASED NAME FIRST	MIDDLE		AST		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	
	(ITPE	Susar Susar	1 m	Bo	weh		may	24	1979	10:	PM
	3 SEX	(4 RACE	5. DATE C			6. AGE (IN YEARS LAST UP)		FUNDER I YEAR	IF UNDER 2	
		Female	white	Fe b		1896	83	YRS.	DAYS DAYS	HOUR5	MIN
		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY	(? 8	D NEVERA	A BRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH		
5	M	ARYLAND	M.S.H.	WIDOWE	DE DI	ORCED	Anne AR		/		MD.
-	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		OR OTHER INST	ITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		12b. KIND O INDUSTRY	F BUSINES	SS OR
2	14	nnapolis	Anne Arunde		en.		Housewif		HON	1E	
3	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	A 124 IN ICHRE C	TV 1111700 1					200
Ó		nD. Pane	4 4 4	ol.s	YES THE		130 STREET ADDRESS 806 CHESA	PEAKE	AUE		
	14 FA	THER'S NAME				MAIDEN NAM	/E				
2,1	(CHARLES	MIDDLE LAST	H	ANA	DIE	MIDDLE		LE		
	16a W	AS DECEASED EVER IN U.S. AR	MED FORCES?	QURITIVANO >	N INFORMA		ADDRE	MAS P	VERVI.	CAI D	115
	{YI	ES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES)	7000	FG	WWW K	Auseus to	DWW	A-0041		TO
		IL CAUSE OF DEATH Fator or	nly one couse per line for (a), (b),	and is	- La 1"	()	JUEN 11:	I I I W	APPROXI	MATE INTERV	AL
		PART I. DEATH WAS CAUSE	D BY.	,	nusocar	Lil	interestre		Inada	14	KAIN
	- 1	IMMEDIA	TE CAUSE (o)	-	1)	1	7		Proces	7-4 10 1-	
и	8	7/0-	DUE TO, OR AS A ONSEO	UENCE/OF	The Co	e los	ac. On I den	0100	(NO.	111/	
		Conditions, if ony, which gave rise to immediate	(b) arter 10	Jun.	110	nacer	Dasac ou	1000	10	COP	_
		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	UENCE OF					- 5		
			(c)								
	NO	De La Mar	CONDITIONS CONTRIBUTING TO	ACC.	lustre	- //	NAL DISEASE OR CON	DITION GIVE	N IN PART 1(c	31	
H	AT	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED	
2	CERTIFICATION						YES D NO	IN CERTIFY YES	ING CAUSES	OF DEATH	1?
ì	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAW VEAD	21c. HOW IN	JURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	T I OR PART 2)		
Н	AL	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR							
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATIO	N	CITY OR TO	26. S	COUNTY		
	×	WHILE NOT WHILE THE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.}	SINCE	-1	CHIOKIOV	- 4	COUNTY	STA	16
		22a.1 certify that (1) this hospi	ital) attended the deceased from	MILL	L	. 19 /4	_, to //A/	L4 1	9	that (1) w	e) lost
		sow the deceased of e of	ri view the body of per death. A	110	nd that in (my)	our) opinion d	leath occurred on the do	te and hour	and from the	couses stol	red
		22b. SIGNATURE	The wine book one decim.	A .	DEGREE			1 6 1	22c, DATE	SIGNED	
7			MwFordin	nda f		TTENDING PHYSICIAN	MEDICAL STAP		Mai	12/	179
		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22a. ADDRES	5 - 1	CIA		1 4	0	
		MWE	ACT ACT		104	rout	5 ST. 100	nogot	4/4		
		URIAL, CREMATION, REMOVAL			EMETERY OR	REMATORY	23d. LOCATION CITY OR TOWN	-0	OUNTY	STAT	E
	-	BURIAL	5-27-79	HILLC	REST	les à	ANNAPOL		A.	m	di
		INERAL DIRECTOR	ADDRESS		. 1	25a. DATE	ATT BY BE STRAB	256. REGISTR	AR'S SIGNAT	HEE THE	dy
	Jo.	HN MITAYLOR	FSONS ANNA	polis.	my,					- 1	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hou with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical arrangement and incompletely filed in the medical arrangement.

must be notified of once.

injury, or other troumatic event, the medical examiner

9 TO 01 F 21 O 61 F CONTRACT TO THE PROPERTY OF THE PERSON OF TH T. S. L. 1748

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages I and 2 should be filed within 72 hours off with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be notified at once. executed within 24 hours ofter TENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

TO HOSPITAL

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO. 7 C	1-10615
1. DECEASED NAME FIRST	WIOOFE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 25 HOUR
Harve	ey Brown	Bowman	May 16. 1979	M
3. SEX	4 RACE	5. DATE OF BIRTH		UNDER I YEAR # UNDER 24 HRS
Male	White	May 19, 1923	55 YRS.	ONTHS DAYS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
Maryland	U.S.A.	WIDOWED DIVORCED	Anne Arundel (County MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
.Brooklyn Pk.		k Henry Drive	Truck Driver	Trucking
USUAL RESIDENCE IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE AOMISSION)	13e. STREET ADDRESS	22 40112115
Maryland Anne	1 7 7 - 7	okivni yes \ NO \		Henry Drive
14 FATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
Edgar	Bowman	Maude	WIDDIE	Brown
160 WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SEC		ADDREAS 6 CO	ove Terrace
Yes, NOOR UNKNOWN (IF YES, GIV	VE WAR OR DATES)	0876 Phillip C.		d. Maryland
	nly one couse per line for (a), (b), a		Downall Allion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSI	ED BY. PDOSP	ESSIVE (EREBRAL	METASTASE 4	BETWEEN ONSET AND DEATH
1699 IMMEDIA	TE CAOSE (0)		7	
Conditions, if any, which	DUE TO, OR AS A CONSEQUE	TATIC ABENOCARCIA	IMU A	
gove rise to immediate	(b)			7
couse (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	JENCE OF JUNOUA OF	THE LUND	tmos
PART 2 OTHER SIGNIFIC ANT	107	DEATH BUT NOT RELATED TO THE TERM		J IN PART 1/2/
	<u></u>	John Street, To the Fellow	THE PIDENSE ON CONDITION ON E	THE THE THE
190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING [196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, Y	WERE FINDINGS USED
THE STATE OF THE S			YES NO YES	NG CAUSES OF DEATH?
710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	
OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
JIF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	71e PLACE OF INJURY	211. LOCATION		
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	ital) attended the deceased from	70. 11 19 18	5/8	that (I) (we) lost
	ot) view the body after death.		death occurred on the date and hour o	
175 SIGNATURE		DEGREEN		221. DATE SIGNED
Detent	ulu -	M ATTENDING PHYSICIAN T	MEDICAL STAFF DIRECTOR PHYSICIAN	+ 5/17/79
274. PHYSTCIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	- (,)	
RICHARA	(STEPHENS	IN BORG	22 S. Greew ST	L. Balto. Nd
230 BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	1
(SPECIFY)	. 1230. DATE 231	INVITED CEMETER OR CKEMATORY	230 LOCATION	
77	1 1 2 0 1 - 2			OUNTY STATE
Burial 24 FUNERAL DIRECTOR	1 1 2 0 1 - 2	edar Hill Cemete		10.00

21301-21					
				-vevith:	
					200
station I value a ma					
authoris Lawlace and all					
while en all of the form		No rect			onal visal
emana leng Leng					
	o depute		218		
The Appendix					
			KCHILL		
		er •			
		TSTED	075		

death certificate be executed within 24 hours after

requires that the

TENDING PHYSICIAN, The law attending physicia

retained by the haspital TO HOSPITAL

BP

	Ĺ			
1	r	L	n	
1	U	Æ	y	
	٦	,	۲.	

Home

STATE OF MARYLAND DEPARTMENT OF MEALTH AND MENTAL HYCHENE

79-1	0	6	1	&DT
------	---	---	---	-----

	1.	STATE REGISTRAR			DEPARIM		ICATE OF DEATH	REG. 1	79	-106	POT	
		CEASED NAME	FIRST	٨	AIDDLE	ı	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR	
	PEARL				Louise BRANHAM			MAY 3, 1979			4:43	
	3 SE	х	4	RACE		5. DATE C	OF BIRTH	& AGE JIN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR		
	F	emale		whit	white April 5, 1922			57 YRS MONTHS DAYS HOU			HOURS MI	
83	C	RTHPLACE (STATEOR OUNTRY) irginia	R FOREIGN 7		A .	MARRIE WIDOWE	D NEVER MARRIED D	ANNE AR	OR COUP	NTY OF DEATH	TY	
54		LEN BUR		LIF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET H ARUND	ADDRESS)	DSPITAL	120 USUAL OCCUPA (ITYPE OF WORK FOR MOST, HOUSEWII	TION OF WORKING E	GLIFE) 176 KIND (INDUSTRY OWN	nome	
30	130 S Ma	AL RESIDENCE IF NO STATE ryland	136 COUNT	TY	GIVE RESIDENCE BEFORE 134. CITY OR TOW GlenBur	N	134 INSIDE CITY LIMITS?	311 5th		e.S.E.		
12		illiam	A	• Luc	kett		Mary					
1	Iáa. V	WAS DECEASED EVI	ER IN U.S. ARM		21 3-20-			sband) ADDI	h.	Same as	#13	
		Conditions, if or gove rise to in		DUE TO O	rasya domsegue	56-6	he dry	alle			14	
	N.	PART 2 OTHER SI	ise lost	((c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR COI	NDITION	GIVEN IN PART 1	01	
9	TIFICATION	underlying cou	GNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF	YES, WERE FINDI	NGS USED	
9	CAL CERTIFICATION	PART 2 OTHER SIG	GNIFICANT CO	(c)	ONTRIBUTING TO DETERMINE TO SERVICE TION FOR WHICH	OPERATIO		200 AUTOPSY?	206. IF IN CER	YES, WERE FINDING CAUSES	NGS USED S OF DEATH?	
99	MEDICAL CERTIFICATION	PART 2 OTHER SI	GNIFICANT CO	196 CONDI 196 CONDI 216 TIME O HOUR A./	ONTRIBUTING TO DETERMINE TO SERVICE OF THE SERVICE OF T	OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	29b. IF IN CER	YES, WERE FINDING CAUSES	NGS USED	
	142	PART 2 OTHER SIL	GNIFICANT CO	ONDITIONS CO	TION FOR WHICH FINJURY M. MONTH DA M. DE INJURY LET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 ARM, ETC.)	211 OCATION STREET ATTENDING PHYSICIAN [222 ADDRESS	YES NO RED JENTER NATURE OF INJ CITY OF TO MEDICAL ST/ DIRECTOR PHYS	20b. IF IN CEF	YES, WERE FINDI RTIFYING CAUSES YES 18, PART 1 OR PART 2) COUNTY 19 19 22c. DATE	STATE ST	
999	WEDICAL MEDICAL	PART 2 OTHER SI	GNIFICANT CO	IC) DNDITIONS CO 196 CONDI 216 TIME O HOUR A./ P./ 216 PLACE C IATHOME, STR 101 attended, the	TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY BET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19	211 JOCATION 211 JOCATION STREET 19 10 (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED JENTER NATURE OF INJ CITY OF TO deoth occurred on the of the occurred on the occurr	20b. IF IN CEF	YES, WERE FINDI RTIFYING CAUSES YES 18, PART 1 OR PART 2) COUNTY 19 19 22c. DATE	STATE ST	

DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fi should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled with executed within 24 hours after requires that the death certificate should be detached for use as the burial transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal ITENDING PHYSICIAN: The O HOSPITAL

BP.

DHMH-16 20M (VRA 15, 4) 7/78

page 3

medical

injury, ar ather traumatic event, the

IMPORTANT: If Hem 21 is marked at Hem 18 shaws any

WILLIAM BEESE

age 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY	GIENE REG. N	0. 7	9-11	0617
	CEASED NAME OR PRINT)	West	a	WIDDLE .	Bri	ent	3. DATE OF DEATH	30/	79	26 HOUR
3 SE	F		RACE N		5 DATE O	DE BIRTH	6 / S	YRS.	IF UNITED I YEAR LONTHS DAYS	IF UNDER Je HRS HOURS MIN
M	IRTHPLACE (STATE ORFO	100	U.S		MARRIE	DI DIVORCED	A BUILDING A TOTAN			M
	NAPOLIS			HOSPITAL, NURSING HEACHTY, GIVE STREET UNDEL GEN		HOSPITAL	12e USUAL OCCUPAT (TYPE OF WORK FOR MOST O			F BUSINESS O
13a :	AL RESIDENCE (F NURS STATE RYLAND	136 COUNTY	1	GIVE RESIDENCE BEFOR 13c. CITY OR TOW SHADYSI		134. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS Columbia	Beach	Rd.	
	NEBRASHA	MID	DDLE	DÊNNI	S	15. MOTHER'S MAIDEN N SELLINA	AME		DUPPH	N
16a \	WAS DECEASED EVER	IN U.S. ARME	ED FORCES? AR OR DATES)	214-16-6		17 INFORMANT BESSIE BROW	ADDR N Shadyside			MATE INTERVAL DNSET AND DEATH
NO	Conditions, if ony, gove rise to improve the improve to improve the improve to improve the improve to improve the	nediote ig the lost.	(b)	R AS A CONSEQUI	ecy ENCE OF Tes	MelliT		IDITION GIVE	Yes EN IN PART TIC	irs.
CERTIFICATION	190 DATE OF OPERA				OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIFY YES		IGS USED OF DEATH?
MEDICAL CE	218. ACCIDENT WAS UND OR CONTRIBUTING [1] (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	P.	M, MONTH D. M.	AY YEAR		RRED (ENTER NATURE OF INJU	RY IN ITEM 16, PA	IRT 1 OR PART 2)	
MED	AT WORK - AT WC	HILE D		REET, FACTORY, OFFICE, I	FARM, ETC)	ZII LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	sow the decease above () (we) (ed olive	5/2	195		nd that in (my) (our) apinion	n death occurred on the d	ate and hour		
	27b. SIGN URE	11	1. Fr	rend	m.	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSIC		5/3	5179
	274 PASCIAN'S N	ME (TYPE OR P	Frie	nd		1616 Fores	T Dr. Pr	ngo	lis, v	ul.
	BURIAL, CREMATION, BURIAL		236 DATE 6-2-19			emetery or crematory Ls Ceme.	Shadvsi	de	COUNTY	STATE
	UNERAL DIRECTOR	CE . C	ONG MO		Annap	olis, Md. MA	TE REC'D. BY REGISTRAR	25b. ROSSISTR	RAR'S SIGNAT	realy

MORTUARY P.A.

With the state The form of the Jun Carl The market at heart of

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

or other troumatic

IMPORTANT: If Item 21 is marked or Item 18 sha

24 FUNERAL DIRECTOR

FOR STATE

STATE OF MARYLAND

George J. Gonce 4001 Ritchie Hgwy

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

70 10610

MAY 2 5 1979

	REGISTRAR				CERTIF	CATE OF DEATH	REG. N	0 1 3	- 10	0 1 0
	CEASED NAME	FIRST	М	IDDLE	L	AST	20 DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR
(TYPE	OR PRINT)	Charl	es	D.	Brig	german	I	May 2	2 1979	M
SE)	X	4	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF LINDER 24 HRS
9	Male		White		Apri		68	YRS	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE OF	FOREIGN 7	CITIZEN OF V	VHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OFDEATH	
Ma	ryland		U.S		WIDOWE		Anne Ar	runde	1 Co.	MD
0 CI	TY OR TOWN OF D	EATH 1		OSPITAL, NUR		R OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
	sadena		Home =	Box	324 2	04th Stree		tter	Ship	yard
13a S	al residence (if Ni State d •	13b COUNT A.A.		Pasad	OWN	13d INSIDE CITY LIMITS? YES NO K	Box 324	204t	h St.	
4 FA	THER'S NAME FIRST	AAI	DDIE	LAST		15 MOTHER'S MAIDEN NA	WE		LAS	5.7
J	oseph	Howa		rigerm	an	Mary	Ann			nson
	VAS DECEASED EV		ED FORCES?	166 SOCIAL SI	The second second second second	17 INFORMANT	ADDRI	SS Ba	1to 2:	1225
()	Yes, no or unknown)	W.W.	VAR OR DATES)	217 03	7468	Catherine :	Schneider	5717	Moor	
	Canditions, if or gave rise to i cause tal, sta underlying cau	mmediate ting the	DUE TO, OR	AS A CONSE		desper	Teunis Le	Part A	Vese	hour.
NO	PART 2 OTHER SI	GNIFICANT CO	ONDITIONS CO	NTRIBUTING		NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIV	EN IN PART 10	ol .
CERTIFICATION	190 DATE OF OPER	MOITA	196 CONDIT	ION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTIF	S, WERE FINDING CAUSES	NGS USED OF DEATH?
	21a. ACCIDENT WAS I OR CONTRIBUTING [(IF EITHER NOTIFY MEI	CAUSE OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, P	PART I OR PART 2)	
MEDICAL	21d INJURY OCCU	WHILE WORK	21e PLACE C	OF INJURY SET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
	22a I certify that saw the dece abave, (1) (we	osed alive an_	view the body o	4/5	-11	d that in (my) (our) apinian	death accurred an the d	ote and hou		that (I) (we) last couses stated
	226 SIGNATURE	P. M.	Me J.	tury	the.	PHYSICIAN	MEDICAL STA	FF IAN 🗆	22c DATE	SIGNED/ 22/19
	22d. PHYSICIAN'S	MC LL	ceg h	his		220 ADDRESS Pies	radica.	ped?	21/2	2
23a B	BURIAL, CREMATIO		23b. DATE		30 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	- 12	COUNTY	STATE
	Buri	al al	5/25/	79 1	Cedar	Hill Cem.	Brookly	n	A . A .	Md.

DHMH - 16 60M 1/75 (VR A 15 (4))

HOSPITAL OR ATTENDING PHYSICIAN The la

attending physician.

retained by the haspital or

BP.

	Ed at 1			
deno Aspane b Te.	X			
revolute sattle of a	Partition and also	The Net -		
THE PERSON AND THE		Transett.	s 6	
money (etc			intern.	
THE MORE TUYE IS 12 ABIN				
				and .

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

П		FOR		C	DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE			
		STATE REGISTRAR		MEC	DICAL EXAMIN	NER'S C	CERTIFICATE O	FDEATH	REG. NO.	3-10619	-71
1		CEASED NAME			WIDDLE		LAST	20. DATE		ONTH DAY YEAR 26 HOL	IR
1	[1176	E OK PRINT!	Keit	ch Wi	illiam	Bros	ersma	OF DEATH	MATED -	5/31 19 79	M
	3 SEX	200	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHO		DER 1 YR. IF UNDER 2	MIN PRONOUN		E / 31 70 7:12	JR •
		ale	white	May 5.	- / / / / / /	YRS.		DEAD		5/31 1979 'à.	M
0		RTHPLACE (ST	STATE OR	76 CITHEEN OF WH	HAT COUNTRY?		IED ENEVER MARRIE	ED 📙	ORE CITY OR CO	OUNTY OF DEATH	
7	10 (11	Md.		U.S.A.	•	WIDOW		-42424			ND.
1		TY OR TOWN		(IF NOT IN SUCH FAC	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS))	IER INSTITUTION	12a. USUAL OCCUP		OR INDUSTRY	
1		len Bur			rundel Hosp VE RESIDENCE BEFORE ADMISS			Signalma	in	B&ORR	_
1	13a. ST	TATE	13b. COUNT	TY	13c CITY OR TOWN	JON)	13d INSIDE CITY LIMITS?				
-		Md.		Arundel	Pasadena		YES NO NO		hore Dri	ive	
-	14. FA	ATHER'S NAME	1	MIDDLE	LAST		15. MOTHER'S MAIDEI	N NAME M	IDDLE	LAST	
9			am /	leith	Broensma	77.10	Helen 17. INFORMANT		ADDRESS	Geiger	
1	(YE	ES, NO, OR UNKNO	DEVER IN U.S. ARM		16b. SOCIAL SECURIT			C			
	/	No		-	121/	019	Judy Broe	ensma Jam	e as 13		_
		18 CAUSE O	OF DEATH (Enter anl) EATH WAS CAUSED	y one cause per line						APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	н
		010		E CAUSE (o)	Multiple In		es				-
	7	Condition	ins, if any, which	DUE TO, OR	AS A CONSEQUENCE	OF					
		gave ris	ise to immediate	(b)			THE STATE				_
	-	lying cou) stating the <u>under</u> - use lost.	DUE TO, OR	AS A CONSEQUENCE	OF					
				(c)							=
	NO	PARI Z UINEK SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO OLAIN B	JUT NOT RELATED TO THE TERM	MINAL DISEASE	E OR CONDITION GIVEN IN PAR	RT 1 a.			
_	MEDICAL CERTIFICATION	19a. DATE OF	FOPERATION	19b. CONDIT	TION FOR WHICH OPE	RATION W	/AS PERFORMED?			20. AUTOPSY?	-
1	IFFIC									YES T NO	1
2	CER		AL CAUSE WAS	21b. TIME OF	MONTH DAY YEA	21c. HC	OW INJURY OCCURRED	D (ENTER NATURE OF IN)	OURY IN ITEM 18 PART I	I OR PART 2)	
7	CAL	UNDERLYING CONTRIBUTION	G → OR ING □ CAUSE OF D	C 4 F			iver in mul	ti auto c	ollision	1	111
	EDI	21d. INJURY C	OCCURRED	21e. PLACE O	OF INJURY (AT HOME,	21f. LO	CATION	CITY OR TO		COUNTY STATE	
	>	AT WORK	NOT WHILE AT WORK	stre			seyRd/Rt 1			AnneArundelCo M	
				e of the remains des	cribed obove, held on	Autop	sy X, Inspection	lnguiry		my opinion	
5		death result		al couses ,		vicide	Homicide .	Undetermined mo		my opinion	
30	-	GCG.II 7 CSG.II		- N	1		TITLE (SPECIFY)	ONOGICHIMOS III			
		ACTUAL SIGNATURE	Much	re me	Mill	M	Assistant	MEDICAL EXAM	AINER S	DATE 5/31/79	
2		EVAMINED'S	NAME MOMO	anita A	Vanall W	D	171				
		TIPE OR PRI	INI)		Korell, M.		, ID O NE SO		et, Balt	o., MD 21201	=
	23a. BU	URIAL, CREMA	TION, REMOVAL 23	6/4/1979	23c. NAME OF CE			23d LOCATION	11 0	COUNTY STATE Md	
	24 51	DURIAL	CTOP	, , , ,	Druidri	0	em.	Pikesvi	le Bal	I'Ia.	•
	14. FU	UNERAL DIREC	E H Mari	ntain Apores	ick Neck Ro	dr. Pa	250. DATE R	REC'D. BY REGISTRA	R 25b. REGISTRA	ARS SIGNATURE	
- 1	I'IC	Luct	F.II. MOW	wall a 11	cos nect m	2117	ווטע וייייני	11 1979	horden	y// Cready	

BP_ **DHMH - 17** (VR A15 ME (5)) 15M 7/76

requires that the death certificate be executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10620	7	9	-	1	0	6	2	0
----------	---	---	---	---	---	---	---	---

Decased Name	
Male Negro	AM
TO BIRTHPLACE ISTATE OPPOPEIGN TO COUNTRY) TO BIRTHPLACE ISTATE OPPOPEIGN TO SUMPLY OF MARK TOUNTRY? MARRIED NOVER MARRIED GIEN, BURDIE III. NAME OF MOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF MOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF MOSPITAL, NURSING HOME OR OTHER INSTITUTION III. USUAL OCCUPATION III. NOT IN SUCH PRACTURE, ONE STREET ADDRESS III. STATE OPPOPEIGN III. NAME OF MOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF MOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF MOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF MOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF MOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF MOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF MOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF MOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF MOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF MOSPITAL NURSING HOME OF MOS	
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (PROTING HOME OR OTHER INSTITUTION OR PRESIDENCE (PROMERS) HOUSTRY) 13. STATE ADDRESS 13. STATE ADDRESS 14. FATHER'S NAME FIRST MIDDLE 15. MOTHER'S MAIDE (ITY LIMITS? 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. CAUSE OF DEATH LENter only one couse per INC 37 (D.), and ich gove rise to immediate couse io). Island the underlying couse lost. 18. CAUSE OF DEATH COUNTY (PRES) 19. DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PRES AND LAND. 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. LAND LAND LAND LAND LAND LAND LAND LAND	
Baltingre South Relity Give Street Address) Baltingre South Baltingre Beadwission (Type of Work for Most of Working Life) BUSUAL RESIDENCE (IF NURSING) HOME OR OTHER INSTITUTION, GIVE RESIDENCE SEPORE ADMISSION) 130. CITY OR TOWN 131. CITY OR TOWN 132. CITY OR TOWN 133. CITY OR TOWN 133. CITY OR TOWN 134. INSIDE CITY LIMITS? 135. STREET ADDRESS 144. FATHER'S NAME 155. MOTHER'S MAIDEN NAME 155. MOTHER'S MAIDEN NAME 155. MOTHER'S MAIDEN NAME 155. MOTHER'S MAIDEN NAME 156. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 167. JOSEPH JOSEPH LETTER ONly one couse per lot for 101, (b) and (c) 176. CAUSE OF DEATH letter only one couse per lot for 101, (b) and (c) 187. CAUSE OF DEATH letter only one couse per lot for 101, (b) and (c) 188. CAUSE OF DEATH letter only one couse per lot for 101, (b) and (c) 189. DUE TO, OR AS A CONSEQUENCE OF 189. LAST 180. CAUSE OF DEATH CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL OF SEASE, OR CONDITION GIVE FIND AND LETTER ON THE LAST LAST LAST LAST LAST LAST LAST LAST	MD. NESS OR
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse between the due to or as a consequence of couse io), stating the underlying couse lost. PART 2 OTHER SIGNE (CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE VERMINAL/OSE ASE, OR CONDITION FOR WHICH OPERATION WAS PREFERENCE OF INCERTIFYING CAUSES OF DEATH 180 CAUSES	
14 FATHER'S NAME FIRST AVIGS Brocks SV Brocks SV 16 BY OCIVEN 16 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 18 CAUSE OF DEATH LENter only one couse per METOT 101, 151 and 151 PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 101 DUE TO, OR AS ACONSEQUENCE OF Conditions, 4fr any, which gove rise to immediate couse 101, stating the underlying couse lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PISE ASE OR CONDITION GIVEN IN PART 1101 PART 3 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 191 DATE OF OPERATION 192 DATE OF OPERATION 194 CALCEDENT WAS UNDERLYING 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 197 DATE OF OPERATION 198 CAUSE OF INJURY 199 DATE OF OPERATION 199 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 191 ACCORDENT WAS UNDERLYING 191 ACCORDENT WAS UNDERLYING 191 THE NATURE OF INJURY IN TIEM 10, PART 1 OR PART 2 190 CONTRIBUTING 191 ACCORDENT WAS UNDERLYING 191 ACCORDENT WAS UNDERLYING 192 THE NATURE OF INJURY IN TIEM 10, PART 1 OR PART 2 194 ACCORDENT WAS UNDERLYING 195 CONTRIBUTING 196 CONTRIBUTING 197 THE NATURE OF INJURY IN TIEM 10, PART 1 OR PART 2 198 ACCORDENT WAS UNDERLYING 199 ACCORDENT WAS UNDERLYING 190 ACCORDENT WAS UNDERLYING 190 ACCORDENT WAS UNDERLYING 191 ACCORDENT WAS UNDERLYING 191 ACCORDENT WAS UNDERLYING 190 ACCORDENT WAS UNDERLYING 191 ACCORDENT WAS UNDERLYING 190 ACCORDENT WAS UNDERLYING 191 ACCORDENT WAS UNDERLYING 191 ACCORDENT WAS UNDERLYING 191 ACCORDENT WAS UNDERLYING 192 ACCORDENT WAS UNDERLYING 193 ACCORDENT WAS UNDERLYING 194 ACCORDENT WAS UNDERLYING 195 ACCORDENT WAS UNDERLYING 196 ACCORDENT WAS UNDERLYING 197 ACCORDENT WAS UNDERLYING 198 ACCORDENT WAS UNDERLYING 199 ACCORDENT WAS UNDERLYING 190 ACCORDENT WAS UNDERLYING 190 ACCORDENT WAS UNDERL	
APPROXIMATE INTO OR UNKNOWN) IF YES, GIVE WAR OR DATES) IS CAUSE OF DEATH LENter only one couse per INCTO 101, 161, and 102 IMPORTANT ADDRESS IS CAUSE OF DEATH LENter only one couse per INCTO 101, 161, and 102 IMPORTANT ADDRESS IS CAUSE OF DEATH LENter only one couse per INCTO 101, 161, and 102 IMPORTANT ADDRESS IS CAUSE OF DEATH LENter only one couse per INCTO 101, 161, and 102 IMPORTANT ADDRESS INCO OR UNKNOWN) IS CAUSE OF DEATH LENter only one couse per INCTO 101, 161, and 102 IMPORTANT ADDRESS IS CAUSE OF DEATH LENter only one couse per INCTO 101, 161, and 102 IMPORTANT ADDRESS IS CAUSE OF DEATH LENter only one couse per INCTO 101, 161, and 102 IMPORTANT ADDRESS IS CAUSE OF DEATH LENTER ON INCOMPRETED TO 11 FERMINAL OF SEASE OR CONDITION GIVEN PART 1 (a) IMPORTANT ADDRESS DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. IC) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL OF SEASE OR CONDITION GIVEN PART 1 (a) IN CERTIFYING CAUSES OF DEATH IN CERTIFYING CAUSES OF INJURY IN CERTIFYING CAUSES OF INJURY OF SEASE OR CONDITION IN THE NOT RELATED TO THE VERNINAL OF SINJURY IN THE NOT RELATED TO PART 2) IN CERTIFYING CAUSES OF DEATH IN CERTIFYING CAUSES OF INJURY OF SEASE OR CONDITION FOR WHICH DAY YEAR IN CERTIFYING CAUSES OF DEATH IN CERTIFYING CAUSES OF DEATH IN CERTIFYING CAUSES OF INJURY OF SEASE OR CONDITION FOR WHICH DAY YEAR IN CERTIFY IN CERTIFY IN THE NOT RELATED TO INJURY OF SEASE OR CONDITION IN THE NOT RELATED TO PART 2)	
APPROXIMATE INTER 18 CAUSE OF DEATH (Enter only one couse per the Part 10), (b), and (c) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF couse (d), stoling the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PISE AS EASE OF CONDITION GIVEF IN PART 1 (d) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PISE AS EAR CONDITION GIVEF IN PART 1 (d) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PISE AS EAR CONDITION GIVEF IN PART 1 (d) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PISE AS EAR CONDITION GIVEF IN PART 1 (d) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PISE AS EAR CONDITION GIVEF IN PART 1 (d) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PISE AS EAR CONDITION GIVEF IN PART 1 (d) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PISE AS EAR CONDITION GIVEF IN PART 1 (d) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PISE AS EAR CONDITION GIVEF IN PART 1 (d) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PISE AS EACH CONDITION GIVEF IN PART 1 (d) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE PART 2) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE PART 2) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE PART 2) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE PART 2) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE PART 2) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE PART 2) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE PART 2) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE PART 2) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE PART 2) PART 3. OTHER SIGNIFI	
RESOURCE OF DEATH (Enter only one couse per Inter 10), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ACCIDENT WAS UNDERLYING PART I. ON THE PRODUCT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ACCIDENT WAS UNDERLYING PART I. ON THE PART I.	
APPROXIMATE INTER PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, If any, which gove rise to immediate couse (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OSEASE, OR CONDITION GIVEN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 211. HOW INJURY OCCUPRED INTER NATURE OF INJURY IN 11EM 18, PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OF SEASE OR CONDITION GIVEN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OF SEASE OR CONDITION GIVEN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OF SEASE OR CONDITION GIVEN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OF SEASE OR CONDITION GIVEN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OF SEASE OR CONDITION GIVEN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OF SEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 190 DATE OF OPERATION 191 DATE OF OPERATION 191 DATE OF OPERATION 192 DATE OF OPERATION 193 DATE OF OPERATION 194 DATE OF OPERATION 195 DATE OF OPERATION 196 DATE OF OPERATION 197 DATE OF OPERATION 198 DATE OF OPERATION 199 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 191 DATE OF OPERATION 191 DATE OF OPERATION 192 DATE OF OPERATION 193 DATE OF OPERATION 194 DATE OF OPERATION 195 DATE OF OPERATION 196 DATE OF OPERATION 197 DATE OF OPERATION 198 DATE OF OPERATION 199 DATE OF OPERATION 190 DATE OF OPERATION	ERVAL ND DEATH
Conditions, 4f any, which gove rise to immediate couse 101, stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION OF THE TERMINAL DISEAS	
gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OSE ASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OSE ASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OSE ASE OR CONDITION PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OSE ASE OR CONDITION PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OSE ASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OSE ASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OSE ASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OSE ASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OSE ASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OSE ASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL OSE ASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITION PART 1 (a) PART 2 OTHER SIGNIFICAN	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 190 DATE OF OPERATION 191 DATE OF OPERATION 191 DATE OF OPERATION 191 DATE OF OPERATION 192 DATE OF OPERATION 193 DATE OF OPERATION 194 DATE OF OPERATION 195 DATE OF OPERATION 195 DATE OF OPERATION 195 DATE OF OPERATION 196 DATE OF OPERATION 197 DATE OF OPERATION 197 DATE OF OPERATION 198 DATE OF OPERATION 199 DATE OF OPERAT	
TO P = Exchemic Pt. Cerebral wefarct 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 190 CONDITION WAS UNDERLYING 216 MONOTH DAY YEAR 210 ACCIDENT WAS UNDERLYING 216 MONOTH DAY YEAR 211 OPERATION OF CONTROL OF DATE. 190 CONTROL OF CONTROL OF THE MONOTH DAY YEAR 212 OPERATION OF CONTROL OF THE MONOTH DAY YEAR	
OR CONTRIBUTION CONTRIBUTION OF DEATH HOUR A.M. MONTH DAY YEAR	
OR CONTRIBUTION CONTRIBUTION OF DEATH HOUR A.M. MONTH DAY YEAR	ATH?
71d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION	
WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY ST.	
AT WORK AT WORK	STATE
220.1 certify that (1) this hospitally attended the deceased form 1 19, and that in (my) (our) opinion death accurred on the date and hour and from the causes start obove, (1) (we) joint (did not) view the body after death.	
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (5/26/7)	(we) lost
22d PHYSICIAN PLANTILLAND 220 ADDRESS SIGH 30019. Hannot	(we) lost
	(we) lost
	(we) lost
74 FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 251. III STAR'S STAR ADDRESS	(we) lost stoted D 179 066

Law Funeral Home 4611 Park Heights Ave

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the faneral all should be detached for use as the buriol-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 his with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal. Min me state deept, or recurred or tem 18 shows any injury, or other troumotic event, the medical examiner must be notified at ance.

DHMH - 16 50M 7/77 (VR A 15 (4))

rice urie vs i i i rei slis . A Tree of Is a sill sa I leve ut a mptetely filled in by the funeral director and 2 should be filed within 72 hours of

completely

carbon popers. Pages 1

injury, or other traumatic event, th

should be detached for use as the burial-transit permit. Then please remaye carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, ti

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-10621

١.	REGISTRAR		CERTIFICATE OF DE	ATH	REG. NO.	13-10	B.S.T.
	PRAN	K JAMES	BRÖWN	20	MAY DE20, MO	1979 YEAR	5:40 A
3. SEX		4. RACE	5 DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDA		
	Male	Caucasian	Oct. 25,19	18	60	MONTHS DAYS	HOURS MIN
7a BIR	ATHPLACE ISTATE OR FOREIGN ATYLAND	76 CITIZEN OF WHAT COUNTRY	MARRIED LEVER MA	DOLLO	NNE ARUND		Y MD
10 CIT	Y OR TOWN OF DEATH	NORTH ARUNDE	NG HOME OR OTHER INSTIT		u. USUAL OCCUPATION YPE OF WORK FOR MOST OF W Carpente	ORKING LIFE) INDUSTRY	OF BUSINESS OR
13a. S1	Md.	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFO DUNTY 13c. CITY OR TOV AA SEVER!	WN 13d. INSIDE CIT	10 %	street address 8283 Quar	rterfield	Road
	THER'S NAME FIRST Frank	J. Brown	FI	san	WIDDLE	Beatt	AST V
[7]	AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	urity no. 17 informan 3-1777 Mrs.		Brown Wif		as 13_
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOL	dray march	018	Le Doza	septil	
	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO		O THE TERMINA	AL DISEASE OR CONDIT	TION GIVEN IN PART I	(0)
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFOR		200 AUTOPSY? 2	OB. IF YES, WERE FIND N CERTIFYING CAUSE YES	INGS USED S OF DEATH? NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR		ENTER NATURE OF INJURY IF	N ITEM 1B, PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	1	CITY OR TOWN	COUNTY	STATE
	sow the deceased alive above, (I) (we) (did) (did	ospital) attended the secessed from, on 19 leading the body after death.	1 07	our) opinion deo	th occurred on the date		
	22b. SIGNATURE	- F/P/Il			MEDICAL STAFF DIRECTOR PHYSICIA		E SIGNED
	22d, PHYSICIAN'S NAME (TY)	BBINS, M.D.	1404 C	RAIN H	WY. GLEN	BURNIE,	MD 21061

FOR

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: etoined by the hospital

23a BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE Burial 24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY May Glen Haven Mem.

em. Glen Burnie AA

23d. Location
city of town

CHORTOWN

25d. Date REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MAY 2 2 1979

Md

James S. Kirkley, Glen Burnie, Md.

1979 S:40	MINOR8	201.01	Mands Ville
1	SEPI, es.tes	Office and while	ofe
ANNE ARUNDEL COUNTY		.31	
det temper		TOMBO HEADER	
Seel biningedaeu/ 8033	x	trieviu i	
	rices.	(T) (1) (x 1)	Alegeri
		erans, Mr.	
		Control of the party of the par	

L ond 2

STATE OF MARYLAND

DED A DEMENT OF HEALTH AND MENTAL HYCIENE

	any.	0		1	0	0	2	6
	1	4	_		11	D	6	1
-	- 4	V			0			

1 - STATE REGISTRAR		CATE OF DEATH	REG. NO	79-106	66
1. DECEASED NAME FIRST (TYPE OR PRINT) MARIK	TNG. BRI	DWN	MAY 1	C 1979	26. HOUR AN
J. SEX FEMALZ 4R.	S DATE OF AUC	F 37 1904	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS YRS	IF UNDER 24 HRS
70. BIRTHPLACE (STATE OF FOREIGN 76. C	U.S.A. WIDOWELD	· V	9. BALTIMORE CITY OF	YRUNDE.	1A/
ANNAPOLIS 2	NAME OF HOSELEY NURSING HOME OF	AU2.	HOU32	IZE. KIND OF	BUSINESS OR
130 STATEM D. 136 POUNT	ANNAPOLIS	13d INSIDE CITY LIMITS?	5 STREBY ADDRES	DGLEY H	Tu,
BENJAMIN MID	toves	15 MOTHER'S MAIDEN NAM	2 MIDDLE	MILLAS	ER
160 WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) (IF YES, GIVE WAR		ANDREW)	4. BROW	N #13	
PART I. DEATH WAS CAUSED BY IMMEDIATE C. Conditions, if ony, which gave rise to immediate cause IaI, stating the underlying cause last.		ea Kidney	Metasta	4'C	ATE INTERVAL USET AND DEATH
	IDITIONS <u>CONTRIBUTING TO DEATH</u> BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 110	
90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES (
OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJÜRY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
220.1 certify that (I) (this haspital)	ottended the deceased from	d that in (my) (our) opinion (, to death accurred on the do	te and hour and from the c	

22h EIGNATURE

ATTENDING PHYSICIAN 22e. ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OR PRINT)

DEGRE

THE BURIAL, CREMATION, REMOVAL

JAME OF CEMETERY OF CREMATORY
CDAR DLUFF

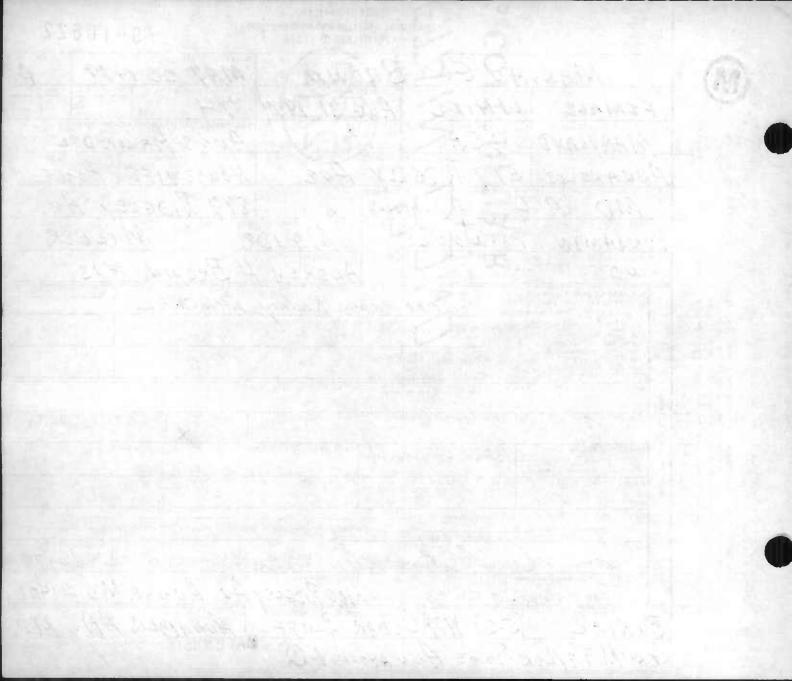
DHMH - 16 50M 1/76 (VR A 15 (4))

retoined by the

should be detached for use as with the State Dept. at Health TO FUNERAL DIRECTOR

Nem 21 is

MPCRTANT.



_	
-	
2	
4	
-	
4	
•	
=	
,	
-	
CE, MAKTLA	
7	
-	
100	
×	
-	
-	
>	
-	
~	
1	
-	
BALLIMOR	
=	
-	
_	
_	
et .	
2	
_	
*	
4	
V. PRESTON ST	
<i>(</i> 1)	
_	
7	
No.	
7	
_	
the same	
-	
u	
~	
X.	
1	
_	
4	
5	
201	
_	
_	
·	
-	
4	
-	
n	
7	
-	
×	
-	
_	
KECOKUS,	
,	
1.1	
=	
_	
-	
ď	
-	
100	
dded	
-	
-	
7	
_	
_	
7	
-	
7	
~	
-	
63	
anda-	
>	
-	
-	

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

retained by the hospital or attending physician.

TO HOSPITAL

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10623

1		REGISTRAR		CERTII	ICAIL OI DEATH	REG. N	0.	
		CEASED NAME FIRST	MIDDLE	10	AST	2a. DATE OF DEATH	MONTH DAY YEA	AR 2b HOUR
	1111	HIM	Marie	LOUX	noman		2 - 10-0/	1 5.4
	3 SE	x	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	/	
		F-	W	MONTH	2-4-04 YEAR	74	YRS. MONTHS D	DAYS HOURS MIN
		IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEAT	н
12		Missouri	USA	WIDOWE		Anne Arun	del.	N
	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		OR OTHER INSTITUTION	12a USUAL OCCUPAT		ND OF BUSINESS O
53	A	nnapolis	Anne Arundel G		Hospital	Housewife		
	USU 13g	STATE 1136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEF	WN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		
35			Arundel Crofto	n	YES NO		tsbury Ave	nue
-	14. F	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA	WE	0-1	LAST
20		William	Rudolph		Mary		Schnei	der
1		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		17 INFORMANT	ADDR		
		No	220-30-	-1451	Ervan Buener	nan (same a		
		18 CAUSE OF DEATH (Enter o	nly one couse per line for (g. (b),	and Ic	10 1)	BETW	PROXIMATE INTERVAL
		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (o)	nnin	Muelne.	PNIDUE LE	1sternia d	2 year
		IMMEDIA						
		Conditions of any birth	DUE TO, OR AS A CONSEC	UENCE OF			27 19 00	
		Conditions, if ony, which gave rise to immediate	(b)					
		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	UENCE OF				
			(c)					
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVEN IN PAR	RT 1(o
_	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	TH OREBATIO	INI W/AC DEDECTRACE	20g AUTOPSY?	20b. IF YES, WERE FI	NDINGSTISED
9	2	140 DATE OF OPERATION	198 CONDITION FOR WAIL	, n OFERATIO	IN WAS PERFORMED		IN CERTIFYING CAL	JSES OF DEATH?
	Ē		216. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES 🗌	NO 🗆
9		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	- LUCUS AM MONITU	DAY YEAR	ZIE HOW INJURY OCCUR	KED (ENTERNATURE OF INJU	RY IN ITEM 18, PART 1 OR PAK	11 2)
	3	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.	19				
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	F FARM FTC)	21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
	>	AT WORK NOT WHILE		1	, ~ ~ C	~1.	-	2
		220.1 certify that (1) (this hosp	ital) attended the deceased from	Tru	quat 19/0		19 6.1	, that (1) (we) I
			5 9 by view the body ofter death.		nd that in (my) our) opinion	death accurred on the d	ate and hour and from	the couses stated
		oboye, (1) we) (did) (did n	of view the body after death.		DEGREE		1226 5	DATE SIGNED
		THE SIGNATURE	111	,		MEDICAL _ STA		-1,0/20
		care	1 Wall	~	ATTENDING PHYSICIAN	DIRECTOR PHYSI	CIAN	110/17
,		22d. PHYSICIAN'S NAME (TYPE		-	22e ADDRESS	100 000	- 4.114	0 1 2 4
1		LINSEK	W. COLE 1	1	121 CATH	IEDRAZ S	TANNH	tolls m
	23a.	BURIAL, CREMATION, REMOVA	23b. DATE 23	NAME OF C	EMETERY OR CREMATORY	123d LOCATION		
		(SPECIFY) Burial				CITY OR TOWN	COUNTY	Mi con
	24.5				Ch. of Christ	Cem. James		Missour
	24	UNERAL DIRECTOR	THE BLOOMESSE	el		AAV 1 A 1979	history,	Margaroly
			me, 1212 West S					

		MA bent on	
A land Amerika a company		AST I	terror III
of frequent		oració locario esta	adlegeen
emeny studestade 1871		no Armidel Grofton	Al Charles
not terries		dt/Lotes	1111
(of the cross) Loin	MANUEL CONTRACTOR	grafue Loss	
2/10 10			
echeld .			
LOURE ST MARKINGS IN			
meal moderation	mindo do se	CALL MARKET TO	istus

	94 be	depth depth	
	TO HOSPITAL CHATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer death may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely falled in by the funer material backs should be detached for use as the buriol-transit permit. Then please remains combangues. Pages I and 3 should be filled within 72 has pare depth with the State Dept. of Health and Mental Hygiene prior to buriol, crementall, arremand.	
	Cab D	funeral thin 72	d ot onc
1201	our offe	in by the	Pe della
LAND 2	hin 24 h	aly falled should b	B
E, MARY	Day Days	complete 1 and 2	ol exomir
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	be each	con and	he medic
4 ST. BA	certificat	ton physical	c event, 1
PRESTOR	e death	move con notion, o	Troumpt
201 W.	s that th	ed by th please re mal, crer	or other
CORDS,	w require	neen sign nit. Then rior to bu	ny injury.
ITAL RE	. The lay sician.	ote has bands the part of the	shows o
ON OF V	IYSICIAN ding phy	burial-tra	or Hem 18
DIVISIO	OING PH	After the e os the ofth ond	morkedo
4	TO HOSPITAL CONTIENDING PHYSICIAN: The Leterained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physican and completely filled in by the funering partial should be detected for use as the buriol-transit permit. Then please remaining appears. Pages 1 and 2 should be filled within 72 has any the State Dept. of Health and Mental Hygiene prior to buriol, crementall, or remained.	IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once
	PITAL S	ERAL DIF e detoch State De	ANT. H
	TO HOSI	should b	IMPORT

STATE OF MARYLAND

1	STATE REGISTRAR		FICATE OF DEATH	REG. NO.	79-1062
	CEASED NAME FIRST MAI	Y E B	urgess	20 DATE OF DEATH MONTH	-4-19 2.4
3. SE	F	A DATE S DATE MONT	OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	FUNDER LYEAR FUNDER MONTHS DAYS HOURS FRS
155 M	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Aryland	USA widow		Anne Arundel	UNTY OF DEATH
53 A	napolis	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Anne Arundel General	Hospital	IZE USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORK Housewife	12%. KIND OF BUSIN INDUSTRY
図る M	aryland Anne	Arundel Annapolis	134. INSIDE CITY LIMITS?	130 STREET ADDRESS 923 Jackson	Street
100	ATHER'S NAME Filmore	Windsor Windsor	15 MOTHER'S MAIDEN NAME FIRST UNKNO	NM	LAST
	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) 1/F YES, GIV	RMED FORCES? 166 SOCIAL SECURITY NO. 212-74-8348	Ethel Ford Sc	ADDRESS hmitt (same a	S 13e) APPROXIMATE INTE
injury, or other	gave rise to immediate couse (IO), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF	NOT RELATED TO THE TERM		
8 shows ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED		IF YES, WERE FINDINGS USE ERTIFYING CAUSES OF DEA' YES \rightarrow NO [
_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR P.M. 19		ED JENTER NATURE OF INJURY IN ITE	M 18, PART I OR PART 2
orked or hem	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TOWN	COUNTY S
m 21 is m	sow spenderboard observe	ital) attended the decreased from the body after death	nd that in (my) (sur) opinion o	death occurred on the date on	d hour and from the couses st
TANT.	Inext	M. Friend A.	ATTENDING PHYSICIAN	MEDICAT STAFF DIRECTOR PHYSICIAN	1741
WPO.	BURIAL, CREMATION, REMOVAL	h N. Friend	16/6 For	23 LOCATION	Annyolis,
	Burial		luff Cemetery	CITY OR TOWN	county st
20M	all Funeral Hom	4Buloss.	a. Md. 250. D	ALC DE BY RETURNING RESSE. RI	Harry Market

ner must be notified of onc

medicol exom

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filled wit with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumatic event, the

STATE OF MARYLAND

3	1-	FOR STATE REGISTRAR	79-	106	25				
	1 DEC	CEASED NAME FIRST	MIDDLE	i	AST	20 DATE OF DEATH	ONTH DAY	YEAR	26 HOUR
		Elizabet	h Winford		Burke	Ma		979	11.27pM
H	3 SEX	Eemah	1 RACE White	5. DATE C	DAYO YEAR	6 AGE (IN YEARS LAST BIRTHE		DAYS	IF UNDER 24 HRS HOURS MIN
15		RTHPLACE (STATE OR FOREIGN DUNTOW)	U. S. A.	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Anne Arunde			MD.
54		ty or town of death	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE North Arundel	ADDRESS)		17a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V HOUSEWILE	WORKING LIFE) IN	EXIND OF	business or lome
35	USUA 130. S	A RESIDENCE (IF NURSING HOME OR TATE 13b COUN Manyland Anne	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 665 (edan)	Dr.		
20	14 FA	THER'S NAME James	McDona.	ld	15. MOTHER'S MAIDEN NAM	WE		Bus	ke
1	160 W	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRES	S		
-	1,	No	217-62-	7555	Rosemary Sch	ueler same	as 13 e		
			nly one couse per line for (a), o ED BY TE CAUSE (a)	VA				APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	JENCE OF			ITION GIVEN IN	PART 1(o	
	TION	190 DATE OF OPERATION	ual Failur	4-	Myven		20b. IE YES, WER		
2	CERTIFICATION			TOPERATIO	Ų	YES NO	YES [CAUSES	OF DEATH?
9	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	HOUR A.M. MONTH (AY YEAR	21c. HOW INJURY OCCUR	RED LENTER NATURE OF INJURY	IN ITEM 18, PART 1 OF	R PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT THE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	Ing "	DUNTY	STATE
		22s I certify that () this base say the decrased alive or above, (1)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	41c	nd that in (my) (our) opinion	death occurred on the dat	e and hour and		that (I) (we) last couses stated
		The STATUM	Inge Bolan	wy	ATTENDING PHYSICIAN	MEDICAL STAFF		5	6/79
1		TO DE LA COME		0		ospital Driv			
4	23a B	SURIAL, CREMATION, REMOVAL	rez, M.D.	NAME OF C	EMETERY OR CREMATORY	Burnie, Md.			
	(:	Burial	1-1	ew (at	hednal (em.	Baltimore		Mo	state
	24 FU	Cally Funeral	Home 237	Balto.	tapsco Ave.MA	Y 7 1979	Sb. REGISTRAR'S	SIGNATI	Creody

BP. DHMH-16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

affending physicion.

retained by the haspital or

Comment of the contract of the . No source 1985 The Section Vic. const - 21-1-15 030-110 110-120 -- Cally mer that Fred C. Farley - Mugear had bothering 5/6/19 cited 24 5/5/19 = 14 Style Burney 141) the Manuel en the Comment

well rower our stilling view

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10626

1		REGISTRAR		CERTIFI	CALE OF DEATH	REG. NO	D		
	I. DE	CEASED NAME FIRST	MIDDLE		ST		MONTH DAY YEAR	26 HOUR	
		LOUVI	NIA	BU:	RLEY	5-5	-79	8 5 M	
	3. SE		4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YE		
		FEMALE	NEGRO	Mar	ch 26 1914	65	YRS.		
ouce.	(OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O			
ō	1	RYLAND	U.S.A. 11. NAME OF HOSPITAL NURSING	WIDOWE		ANNE ARUND		MD.	
	AN	NAPOLIS	(IF NOT IN SUCH FACILITY, GIVE STREET A	treet	K OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF		D OF BUSINESS OR RY	
35	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN A.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADMISSION)	134 INSIDE CITY LIMITS? YES NO [303 Presi	dent Stree	t	
exomine	14. F/	ATHER'S NAME FIRST WILLIAM	A. JOHNSON		15. MOTHER'S MAIDEN NAM	ME MIDDLE		'QUEEN	
nedical		WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	Annapol:	is, Md.	
E B		NO			IRENE McDOWE	LL 303 Pres	ident Street	et	
it, 15		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), and	1(0).)			APPR BETWE	POXIMATE INTERVAL EN ONSET AND DEATH	
	12		E CAUSE (o)	6/50			3 m	202.	
notic		2500	DUE TO, OR AS A CONSEQUE	NCE OF	10		,		
		Conditions, if any, which gave rise to immediate	(b) /d /	210			4	ears	
,	18	cause (a), stating the underlying cause last.	DUE TO, OR AS A COMSEQUE	NCEOF	en milles	1	19,0	(0, 0)	
5		PART 2 OTHER SIGNIFICANT O	(0)	001	NOT BELATED TO THE TERAL	NAL DISEASE OR CONF	OUTION CIVEN IN BART	ww	
Columbia Columbia	N O	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101							
	CERTIFICATION	190 DATE OF OPERATION	19% CONDITION FOR WHICH			200 AUTOPSY?	20h. IF YES, WERE FIN IN CERTIFYING CAUS YES		
E O		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	21s. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2	2)	
5	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		21f. LOCATION	CITY OR TOW	N COUNTY		
a k	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	/	CITY ON TOW	COUNT	STAYE	
SE S		220.1 certify that (1) (this hospit	al) attended the deceased from	100	19.78	_, to 5 - 5	1979	_, that (I) (we) lost	
		sow the deceased alive an above, (1) (we) (did) (did not) view the body after death.	, one	that in (my) (our) apinion d	eath accurred on the da	te and hour and from t	he couses stated	
		22b. SIGNATURE	11 /100	D	EGREE	MEDICAL STAF	111111111111111111111111111111111111111	I SIGNED	
	They I le ATTENDING MÉDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							9/17	
1		22d. PHYSICIAN'S NAME (TYPE OF	PRINT) ALLE	=n	11 CAT	HZDRA	L 5+	" /	
2	1	BURIAL, CREMATION, REMOVAL	236 DATE 23c N	AME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE	
	B	URIAL	5-10-79 MA	RYLAN:	D NAT. PARK	Laurel	Ma	arvland	
		UNERAL DIRECTOR	ADDRESS A	nnapo	lis, Md. 250 DATE	REC'D. BY REGISTRAR	TA PROSTUAR'S SIGN	Elseody	
	WI	LLIAM REESE & S	ONS MORUTARY , P	.A.	MAI	TT 13/3	. /		

DHMH-16 60M 1/73

(VR A 15 (4))



Bank Kalanda Mark	,	

4

Citient KAM

Salar Marin

gotified of once

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the filler within 72 is should be detached for use as the buriol-transit permit. Then please carbon papers. Pages 1 and 2 should be filed within 72 is with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic event, the medical exam

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10	0627
-------	------

	REGISTRAR		CERTIFICATE	I DEATH	REG. N	10.		
	ASED NAME Mario	n MIDDLF.	LAST Bu	rton	20 DATE OF DEATH	нтиом	DAY YEAR	26. HOUR
(,,,,,	MACI	ON F.	Bur	ton	1/2	51	3 79	78 45 M
3 SEX		4 RACE	5 DATE OF BIRTH		6 AGE (IN YEARS LAST BIR	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1	nale	white	MONTH DA	Y SP	39	YRS	MONTHS DAYS	HOURS MIN
	HPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEV	ED MARRIED	9 BALTIMORE CITY	OR COUNTY	Y OF DEATH	
Oh	io	U. S. A.	WIDOWED	DIVORCED [Anne A			MD.
	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET)	ADDRESS)		120 USUAL OCCUPAT		FE) INDUSTRY	OF BUSINESS OR
	napolis	Anne Arundel Ge		oitai	Broker		Real .	Estate
130. ST Ma:	ryland Anne		le YES X	DE CITY LIMITS?	130. STREET ADDRESS 1800 Mary	land A	venue	
	HÉR'S NAME Samuel G. Burt	MIDDLE LAST	IS. MOTH	FIRST Emily	MIDDLE	Ressik	LAS	ST
	AS DECEASED EVER IN U.S. AR		RITY NO. 17 INFO					
(YES	(IF YES, GIV	not know					nd Way	
	10		proces	ld F. Bur	ton Romn	ey, We	est Virg	inia
	PART I. DEATH WAS CAUSE	11 / //	Tillo	MANTIC	Willia SOA	DYIn	BETWEEN	MATE INTERVAL ONSET AND DEATH
	WILL IMMEDIA	TE CAUSE (o)	Proces D	ogo (ivil	west -	piwo		
	Conditions of any which	DUE TO, OR AS A CONSEQUE	TICE OF AND	1107 11	undrud	inl	DU PATTC	Min
	Conditions, if ony, which gove rise to immediate	(b) 130000	0 131010	' CCO C VI	ranco	7000	TANCO	1.00
	couse (0), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF DIA A	MC CO	ndious	culle	1 Dicen	Al.
	ART 2 OTHER SIGNIEICANIT	CONDITIONS CONTRIBUTING TO	SEATH BUT NOT BELA	TED TO THE TERM		IDITION CIL	(ENLINI DADT)	
	ART Z OTTER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	BOT NOT KELF	NIED TO THE TERM	INAL DISEASE OR CON	VOITION GIV	LIN IIN FANT 111	
MEDICAL CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a AUTOPSY?		S, WERE FINDIN	
F					YES NOW		FYING CAUSES	OF DEATH?
ER	10 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		W INJURY OCCURR	RED (ENTER NATURE OF INJU			
A	OR CONTRIBUTING CAUSE OF DEA		Y YEAR					
8	Id INJURY OCCURRED	21e. PLACE OF INJURY	211 LOC	ATION				
	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) ST	REET	CITY OR TO	WN	COUNTY	STATE
h		ital) attended the deceased from	5/13	10701	10	113	10 27	the (I) (we) lost
	sow the deceased alive on	5/13 19.7	, and that in	my)(our) opinion o	death accurred on the o	dote and hou	or and from the	couses stated
	obove (II) we (Idid) Idid no	it) view the body after death.	DEGREE				22c. DATE	SIGNED
	Teon	· Cama	ms	ATTENDING PHYSICIAN	MEDICAL STA		5/	13/79
7	20 PHYSICIAN'S NAME HYPE O	RPRINT	22e ADD	RESS	Cin	24	0 1	.0
	(400 rale	() AMAN	ns	1616) Tu	81	Mul	M
23a. BU	RIAL, CREMATION, REMOVAL		AME OF CEMETERY		23d. LOCATION CITY OR TOWN		couMary	land
	ırial	May 17, 1979 F			-			
	VERAL DIRECTOR	5130 Wis	sconsin Av	e., N.W.	RECP. BY AGAIN BAR	25b. REGIST	PARIS SIGNED	Obody
Jose	eph Gawler's So	ns, Inc. Wash.,	D. C. 20	016	T O o			

DHMH - 16 50M 1/76

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The Io etoined by the hospital or attending physician

(VR A 15 (4))

11001-61			
	1000		
		pulled mind their	N. SOURCE
me lad.		Capital Victoria Contact	
meneral majeral of the		and shelloffeling point	F-10 W-10
A Marine Marine			
	E H CTU	The state of the s	

1 - STATE REGISTR.

poge 3 er deoth

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by their should be detached for use as the burial-transit permit. Then please remove carbonappers: Pages I and 2 should be filed with the Store Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	9	-	0	6	2	8
9	-		-			

	130	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.	- 1	0	0	J La	
1		CEASED NAME	FIRST		WIDDLE	L	AST		20. DATE OF	FDEATH MON	NTH	DAY YEAR		26. HOU	R DST
	(IIIre)	ORPRINT	MARY		Emory	BUS	SSEY			MAY	21	1979			2P M
3	3 SEX	(4 RACE		5. DATE C			6. AGE (IN Y	EARS LAST BIRTHDA	Y)	IF UNDER 1 YE	EAR	IF UNDER	24 HR5
		Female		Whit	е	June	3 19	11 YEAR	67	340	YRS	MONTHS DA	IYS	HOURS	MIN
ı	7a BIR	RTHPLACE (STATE OF	REFOREIGN	76 CITIZEN OF	WHAT COUNTRY	8	NEVER	A A B B IE D	9 BALTIMO	RE CITY OR C	OUNT	Y OF DEATH	1		N. S. T.
		rginia.		US		WIDOWE	D 🗍 D	VORCED		ARUNDI				Ů.	MD.
è		TY OR TOWN OF D		(IF NOT IN SUC	HOSPITAL, NURSI	ADDRESS)		TITUTION	(TYPE OF WOR	OCCUPATION K FOR MOST OF WO MAKE	DRKING LIF	126. KIN INDUST		Hom	
4		LEN BURNI			H ARUNDE		TTAL								
5	13a S	ryland	13b. COUN		Pasade	VN	138 INSIDE C	NO 🔀	130 STREET	ADDRESS 8 Nort	h F	Road			
	14 FA	THER'S NAME		MIDDLE	LAST			S MAIDEN NA	ME	MIDDLE.					
Ö		Mitche	11		Emory	11 14		filie		WIDDLE		Wa	tt	S	
		AS DECEASED EVE		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORM	ANT		ADDRESS				Sam	ie
		No	N	lone	218.05.	9641	Mr.	James '	T. Bu	ssey (Hus	sband)	as	13
		18 CAUSE OF DEA	ATH (Enter or WAS CAUSE	nly ane cause per D BY:	line far (a), (b), ai	Ch pu	1	/	1-	0		BETWE	ROXIM.	ATE INTER	DEATH
		111000	IMMEDIA	TE CAUSE (a)		10/	nira y	2-1	of Bu	-cur					
		4272		DUE TO, O	R AS A CONSEQU	ENCE OF	01		9	1.					
1		Conditions, if or		(b)_	1000		Ch	r	uy "	مراج د	~	-			
1		gove rise to in	ting the	DUE TO, O	R AS A CONSEOU	ENCE OF	D	140	(D)	0 16	2				
		underlying cau	se last	(c)	0		07-	11 6	VI	, EHI					
		PART 2. OTHER SI	GNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	NINAL DISEAS	E OR CONDITI	ON GIV	EN IN PART	101		
	ō										130 6		D _V		
ï	CERTIFICATION	190 DATE OF OPER	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTO	IN	CERTIF	S, WERE FIN	IDINC SES C	F DEAT	LH5
-	ERT	21a. ACCIDENT WAS U	INDERLYING F	7 716. TIME O	E INTITION		71, HOW IN	LILIPY OCCUPE	YES	NO	YE		0)	NO [
		OR CONTRIBUTING	_	110110	M. MONTH D	AY YEAR	ZIC HOW III	JOK! OCCOR	KED (ENTERNA	TURE OF INJURY IN	11EM 18, P	PART I OR PART	2)		
	V V	(IF EITHER, NOTIFY MED				19						50			
	MEDICAL	21d INJURY OCCU		21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATE STREET	NO		CITY OR TOWN		COUNTY		ST	TATE
ū		AT WORK	WHILE WORK									- 43			- 12
		22a.l certify that				5-	12-	. 19.29	, to	5/21/		197		at (1) (v	, , ,
	34	spw the decer above, (1) (we)	ased alive an	t view the body		2 9 , an	nd that in (my	(aur) apinian	death occurre	d on the date o	and hou	or and fram	the co	uses sto	ated
		226. SIGNATURE		-	1		DEGREE		19-19-2					IGNED	
	2.0			0	fre	_		PHYSICIAN C	MEDICAL DIRECTOR	STAFF PHYSICIAN	4 🗍	Ma	У	21,	79
		22d. PHYSICIAN'S	NAME (TYPE O	R PRINT)			22e. ADDRES	529	S. CAM	IP MEADE	E RO	AD			
		SACIT E		1.D.						MARYL.	AND	21090			
	23a BI	URIAL, CREMATION					EMETERY OR			RTOWN		COUNTY		STA	
		Buri	al	May24	, /9 G.	len H	aven (n Burr				Md.	
	24 FU	NERAL DIRECTOR	4112	1/min	2 ADDRESS			8000	E REC'D. BY R	REGISTRAR 256.	RESIST	RAR'S SIGN	NATUI	RE	
	Si	ngleton	Fune	eral Ho	ome, Gle	n Bur	nie, M	d. MAY	Y 2 2 19	379	roger	y/Xe	Cu	only	

DHMH - 16 50M 7/77 (VR A 15 (4))

A THE RESERVE OF THE PARTY OF T

Trenett Shory Holls water name of the constant short some state st			7200	
replaced to the control of the area of the control		TIGI 6 our	e, olim	remails
unitand AA Pasadria X 1300 togin more unitand AA Pasadria X 1300 togin more unitanell Anorv Anorv tolis Hatts Loca 210.05.9541 Mr. dames T. Sussey Lumbarg) as a		31	ART	ak-tavi
National Matter of the Control of th	short by I says noted		i vena Ela	
No. 1 None 212.05.254; Nr. James T. Bussey (Instant) as I	is to a name of the		advocest!	AA Doelven
	Tallsh	estion	vacate	Frenchin
	r. seesey (tuebara) as	muniply . 30 [1]	eg. 30. 315 és	of I of
		E NESS.		

Singleton Pink rai fore, Men Inemie, w. MAY 2-2 1970 A objection

market less as the men deet. Token the help

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

24 haurs after death. Page

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10629

1				CER	TIFICATE	OF DEATH		10		
	(1	ECEASED-NAME Type or print) Dan		Middle	C	lost . Q V Y	20.	DATE OF DEATH Month 9 Doy 7	79 Yeor	2b. HOUR 3.50 M
	3. SE	***	4. RACE		5. [ATE OF BIRTH		0. MOE (III 10013	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN
		MALE	NEGRO		5	15 1905		YRS.	Jeins Dats	nooks min
6	7o. I	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT CU.S.A.		MARRIED 🛴 I	EVER MARRIED DIVORCED		INTY OF DEATH INNE ARUNDEL COU	INTY	Md.
3	A	CITY OR TOWN OF DEATH	give street ANNH	E ARUNDEL	GENERA	L HOSPITAL	most of v	UPATION (Kind of work dane working life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
5	13o. odm	USUAL RESIDENCE (Where deceos	ed lived, if institution: I 13b. COUNTY		IC. CITY OR TOV	1 1150	NO	13e. STREET AND NUMBER 1461 York Town	Rd.	
	14. 1	FATHER'S NAME First	Middle	Last	15. MC	THER'S MAIDEN NAME	First	Middle		Last
24		WILLIA		CARR	- 1	ALICE		WRIGH	T	
1	160.	. WAS DECEASED EVER IN U.S. ARA		SOCIAL SECURITY NO.	17. INFO			Address		
	N	3 nd, or onknown,	/ 21	3-12-0637	EVE	JYN CARR 1	401	York Town Rd. A		lis, Md.
		IB. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE! IMMEDIA Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	D BY: ATE CAUSE (a)	CONSEQUENCE OF	autez se les	diséa	se	etion	iye	hys hys
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) EXPANDED IN THE STREET OF THE PROPERTY OF								
2	CERTIFICATION	5-10.79	CONDITION FOR WHICH O	m		YES NO [20b. IF YES, WERE FINDINGS CONS CAUSES OF DEATH?		RTIFYING
9	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (If either, natity medical examin	ATH HOUR A.M. Me er) P.M.	anth Day Year 19				e of injury in Part 1 or Part 2, Item	n 18.)	
	8	at work at wark	PLACE OF INJURY (AT H						County	State
		22a. I certify that (1) (this haspital) attended the deceased from 5-8, 19 79, to 5-9, 19 79, that (1) (we) last saw the deceased alive on 19 79, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obave, (1) (we) (did) (did not) view the bady after death.								
		22b. SIGNATURE	Halsele	el 1	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	C STAFF	9-79	
1		22d. PHYSICIAN'S NAME (Type) & , ?	. Holse	14014		22e. ADDRESS 104 FE	orbe	s ST. Ani	на ро	1.5
		BURIAL, CREMATION, 23b. I	DATE L 5- 79	23c. NAME OF CEN ASBURY E		MATORY CK CHURCH		LOCATION (City or Town) ((County)	(State)
м	24.	PUNERAL DIRECTOR		ADDDCCC	nnapol	2Sa. REC'D	BY REGIS	STRAR 2Sb. REGILEARN SIG	NAME /	ude
11	W	TLLTAM REESE &	SONS MORTE	LARY PA	MA	DATEMA	IV	1 1979	11.400	7

DHMH-16 1/71 3 (VR A15 (4))

should be detached for use as of Health and Mental Hygiene

the haspital

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral ashauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with at Health and Mental Aygiene priar to burial, cremation, ar remayal, and in any event, within 72 hours after death.

9-10-67

-		
٠.		
٧.		
-		
4		
•		
3		
₽.		
4		
7		
-		
-		
~		
-		
Κ.		
2		
_		
м		
×		
=		
3		
E.		
2		
-		
-		
-4		
-		
ъ.		
ro.		
_		
-		
Λ		
7		
-		
•		
-		
n		
_		
×		
×		
X		
. Y		
Y. PKE		
W. PK		
W. FKE		
W. PKE		
U W. PKE		
OI W. PKE		
ZUI W. PKE		
, ZUI W. PKE		
S, 201 W. PKE		
75, 201 W. PKE		
US, ZUI W. PKE		
KUS, ZUI W. PKE		
JRUS, 201 W. PRE		
OKUS, ZUI W. PKE		
CORDS, 201 W. PRE		
CORDS, 201 W. PRE		
ECORDS, 201 W. PRE		
RECORDS, 201 W. PRE		
KECOKUS, ZUI W. PKE		
L RECORDS, 201 W. PRE		
AL RECORDS, 201 W. PRE		
ALKECORDS, 201 W. PRE		
I AL KECOKUS, 201 W. PKE		
II AL KECOKUS, ZUI W. PKE		
VII AL RECORDS, 201 W. PRE		
VII AL RECORDS, 201 W. PRE		
IF VITAL RECORDS, 201 W. PRE		
JE VII AL RECORDS, 201 W. PRE		
OF VITAL RECORDS, 201 W. PRE		
OF VITAL RECORDS, 201 W. PRE		
N OF VITAL RECORDS, 201 W. PRE		
ON OF VITAL RECORDS, 201 W. PRE		
ON OF VITAL RECORDS, 201 W. PRE		
ION OF VITAL RECORDS, 201 W. PRE		
SION OF VITAL RECORDS, 201 W. PRE		
ISION OF VILAL RECORDS, 201 W. PRE		
VISION OF VILAL RECORDS, 201 W. PRE		
IVISION OF VITAL RECORDS, 201 W. PRE		
DIVISION OF VITAL RECORDS, 201 W. PRE		
DIVISION OF VITAL RECORDS, 201 W. PRE		
DIVISION OF VILAL RECORDS, 201 W. PRE		
DIVISION OF VITAL RECORDS, 201 W. PRE		
DIVISION OF VITAL RECORDS, 201 W. PRE		
DIVISION OF VITAL RECORDS, 201 W. PRE		
DIVISION OF VILAL RECORDS, 201 W. PRE		

		STATE OF MARYLAND		
1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	
3	ECEASED NAME FIRST PE OR PRINT!	Sarah J. Clark)		15 4 79 10 4
3. SE	Female	white 5. Date of Birth Month Day Year 79	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
36	Md.	CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MORCED WIDOWED DIVORCED	Anne A	rundel
53 K	Annapolis /	IN NOT IN SUCH FACILITY, GIVESTREET ADDRESSI)	(TYPE OF WORL FOR MOST OF	
13e	JAL RESIDENCE IF NURSING HOME OR OTH STATE	HER INSTITUTION ONE RESIDENCE BEFORE ADMISSION) 134 CITY OR TOWN 134 INSIDE CITY LIMITS? SEVERAL REF YES \(\sigma \) NO (1)	130 STREET ADDRESS	ress Rd.
14. F	ATHER'S NAME	Clark Bachera	WIDDLE	Sullivan
	WAS DECEASED EVER IN U.S. ARME (YES, NO DRUNKNOWN) (IF YES, GIVE WA		ark- Sec	· 13.
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF (b) PHE MALUY! TO DEED TO, OR AS A CONSEQUENCE OF (C) PHE MACH AS A PRICE TO THE TERM NOTIFICATED TO THE TERM	sinal disease or cond	ITION GIVEN IN PART I(0)
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} NO \(\begin{array}{c} \ext{NO} \\ \ext{O} \\ \ext{O} \\ \ext{NO} \\ \ext{O} \\ \ext{NO} \\ \ext{O} \\ \ext{NO} \\ \ext{O} \\ \ext{O} \\ \ext{NO} \\ \ext{O} \\ O
MEDICAL CERTIFIE	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2}
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216 LOCATION STREET	CITY OR TOW	COUNTY STATE
	220 I certify that (I) (this haspital) saw the deceased alive an above, (I) (we) (did) (did nat) v	3-4 1979 and that in (my) (our) apinian	death accurred on the dat	te and hour and from the causes stated
	Stand RU	Degree ATTENDING PHYSICIAN S	MEDICAL STAF	
1	Stanley R.	Welmor M.D. 220 ADDRESS		
230		236 DATE 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY OF STATEO
	Beria!	5-7-79 Glen Haven Cem.	Glen Bur	pied H. M

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

moy be

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10631

1		REGISTRAR		CEKITI	ICATE OF DEATH	REG. NO.			
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH M	ONTH DAY	YEAR	26. HOUR OA
i	(VILISON Ali		(0	llison	2	1311	79	31/8 M
1	3. SEX		4 RACE	5 DATE (OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	DAY] [YAC	NDER I YEAR	IF UNDER 24 HRS
ı	7a D4D	RIHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	70	- 26-00	9 BALTIMORE CITY OR	YRS COUNTY OF	DEATH	
		DUNTRY)	11 C A	MARRIE	D NEVER MARRIED	Anne Arunde		DEATH	
4	10 CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME		12a USUAL OCCUPATIO		25 KIND OF	MD. F BUSINESS OR
4	A.	manolis	Anne Arundel G	en Hos	In.	Housewile	VORKING LIFE) II	Home	
1		AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	13d INSIDE CITY LIMITS?	112. CIRECT ADDRESS			
9	1	44 4	Anundel Pasado	na	YES NO P	581 A St. P	as. Md.	, 2112	22
	14 FA		MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	.,	TAST	
Ć			chand Edwards		(annie	Elizabeth	. Hu	lts	
1	(Y)	A.f	E WAR OR DATES)		Joan Reece.	300 Delma A	Pa	· MJ	21122
		VO -			Joan Neece,	300 Deuna 11	ve. ra		MATE INTERVAL DISET AND DEATH
ı		PART I. DEATH WAS CAUSE		di no	Arrest		5	BETWEENO	INSET AND DEATH
		1/ A D Q IMMEDIA	TE CAUSE (a)	The state of	7 777 631				
1		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	8 4	SCVD		200		
١		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF					
1		underlying couse lost	(c)	027702					
	z	2	CONDITIONS CONTRIBUTING TO	1 /		INAL DISEASE OR COND	TION GIVEN I	N PART 110	
	TIO	190 DATE OF OPERATION	Merature Join	1	DOMO .	20a AUTOPSY?	20b. IF YES, WE	EDE FINDIN	ICS LISED
Ž,	CERTIFICATION	THE DATE OF OPERATION	178 CONDITION FOR WHIC		IN WAS PERFORMED		IN CERTIFYING		
1	CERT	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURE			OR PART 2)	110
		OR CONTRIBUTING CAUSE OF DE.		DAY YEAR					
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE		211. LOCATION			COUNTY	STATE
ij	×	AT WORK NOT WHILE AT WORK	(AT HOME, STREET PACTORY DEFICE	ERAKM_ETC.)					SINIE
			attended the deceased from	013	5-10 10.79	_ 10 5-31	19_	79	had wolast
1		obave It we under the	to view the Mody after death.	1-1.0	nd that in (my) (our) apinion i	death occurred on the date	e and hour isne		
		THE SIGNATURE OF	/10/2.12 de	-	DEGREE ATTENDING	MEDICAL STAFF		THE DATE !	LOGI
-		77d. PHYSICIAN'S NAME (TYPE O	OCH PRINT)	1 //	PHYSICIAN A	DIRECTOR PHYSICIA	101	0-31	-//
		Annold G. Al			Anne Arunde	1. Geh. Hosp.	Annana	lia	Md.
1		URIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			5746
	2	Burial	6-4-1979 N	la, oMez	the Church Com	Annean L	Anne	Arun	del Md.
	24 FU	INERAL DIRECTOR	ADDRESS	Pas.M	d. 21122 250 DAT	E REC'D. BY REGISTRARY	F RESISTRAR	SSIGNATI	JRE
	Mc.	(ylly t. H. of	Pas. Mountain	Lick	Neck Rds. JU	NT 19/9	huston	1//40	ready

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely failed in by the fishold be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

DHMH - 16 50M 1/76 (VR A 15 (4))

The state of the same of the s made (aucustan 170 and other 170 and - Controlles and confer to the control of the control The transformation of the state Sanoting, Agundes . I. 2012 Sanct & Con. do D. Instructing all. Entertained the second of the to a which the section of the constitue of the analysis will be the section of

STATE OF MARYLAND

	FOR		DEP	ARTMENT OF	HEALTH	AND M	ENTAL HY	GIENE				
11-	STATE REGISTRAR		MEDIC	AL EXAMI	NER'S	ERTIFIC	CATE OF	DEATH	REG.	N7 9 -	-1063	3 2
	CEASED NAM	FIRST	Mic	DDLE		LAST		2a DAT	E KNOWN		DAY YEAR	26 HOUR
1779	COPPENT	ROLAN	m / 4 c		COST	LEY	SR.	DEA	TH MATED	□ 5	22 10 79	
1.56)		I FRACE	DATE OF BIRTH	6. AGE (IN		IDER 1 YR.	IF UNDER 24		ATE	MONTH	DAY YEAR	111
1 -			MONTH DAY	YEAR LAST BIRTH				IN PRONC	DUNCED		22 70	
Brown war.	ale	black	HUA. 14 19		YRS.				AD CITY	5	22 19 79) A,
	RETHFLACE D	mi	TO CITYCH OF WHAT	n COUNTRY?		-	VER MARRIED				County	
1	TY OF TOWN	IIId.	11. NAME OF HOSPITA	H.	WIDOW		DIVORCED	a USUAL OC			126 KIND OF B	MD.
200	n oktown	OFDEATH	Anne Arun				TION	FOR MOST OF		TYPE OF WORK	OR INDUS	TRY
2	HOOR	Polis				osp.		111AS	ON		Constr	uction
Ille S	TATE AN I	PIL COUNT	OTHER INSTITUTION, GIVE RES	SIDENCE BEFORE ADMIS		13d INSIDE C	ITY LIMITS? 13	e STREET ADI	DRESS			
5	Md	CAR		Sykesu		YES 🗆	NO B	5721	BAS	thebu	Rd.	
14. F.	ATHER'S NAM		MIDDLE	LAST		15. MOTH	ER'S MAIDEN	NAME	MIDDLE		LAST	
60	(1)	ARENCE	Cos	+10		(-	renev	n	MIDDLE	C	allins	
	WAS DECEASE	DEVER IN U.S. ARN		b. SOCIAL SECUR	ITY NO.	17. INFOR	TANT		ADDRE			
4	ES, NO, ORDINKNI	OWN) (IF YES, GIVE V	AR OR DATES)	216 30 2	2882	Mil	dred L	. Cos	7/44	Suk	es Villa	mi
	18 CAUSE O	OF DEATH (Enter only	one couse per line for						7	1	APPROXIMA	
	PARTID	EATH WAS CAUSED	BY: Mul	tiple in	jurie	s					BETWEENONS	SET AND DEATH
	0111	IMMEDIATI	CAUSE (a)	A CONSEQUENCE	F OF		•					
17	Conditio	ons, if any, which	20210,011710		- 0,							
	gave r	ise to immediate) stoting the under-	(b)									
	lying ca		DUE TO, OR AS	A CONSEQUENCI	EOF							
2			(c)									
7	PART 2 OTNER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO GEATH BUT N	OT RELATED TO THE TE	RMINAL OISEAS	E OR CONDITIO	N GIYEN IN PART 1	(0)				
CERTIFICATION												
15	19a. DATE O	FOPERATION	196. CONDITION	FOR WHICH OP	ERATION W	AS PERFOR	MED?				20. AUTOPS	
											YES 🖰	NO 🗆
	210 EXTERN	AL CAUSE WAS G OR	216. TIME OF INJ				OCCURRED					o.d
IS IS	CONTRIBUT	ING CAUSE OF D	EATH 8:00 A.M. M	5"H 21" YE			by auto	o wnile	work1	ing on	road b	eu
MEDI	21d. INJURY			VJURY (AT HOME.	2.1	CATION		CITY O	P NOWN 4	1 4	OUTTO TO THE	- J STATE
1 2	WHILE AT WORK	NOT WHILE T	roadwa	y	Je	nnife	r Road	CITTO	Anne A	runel	Moryla	nd since
6			. ()		A	sy X,	Inspection	7 1	iry .	and in my a		
74			of the remains describe	pro-							pinion	
1	death resul	ted from: Noture	al couses L., Acc	ident X	Suicide			Undetermined	monner	1,		
	ACTUAL	Illow A	Poll.	11		,	SPECIFY)			DATE	E /	23/79
-	SIGNATURE	man	- WACARNO	<u>u</u>	N	Assis	tant	_MEDICAL EX	KAMINER	SIGN	IED 37	20/17
1	EXAMINER'S	NAME MAN	arita A. Ko	rell M	D		111	Penn S	Street			
10	(TIPE OR PR	1141)				ADDRESS_						
23a, E	SPEGREY)	TION, REMOVAL 2		23c. NAME OF C	EMETERY	R CREMAT	ORY	23d. LOCATIO	N 1)	50	UNTY	STATE
	BUDIA		5-25-79	Parrie	w (e	mitter		Jan	Arrivell	- Ca	mil	Md.
24. F	UNERAL DIRE	CTOR	ADDRESS I	- 1 1			So. DATE REC	C'D. BY REOKS	TRAR 256 RE	GISTRAR'S	SIGNATURE	oly
	Harry !	W. Hain	to Luke	sville	-Md	,	MA	1281	1/9	1		

DHMH - 17 (VR A15 ME (5)) 15M 7/76

10001-61			
			200
Tand Information			
		4 0 12510	
hed been no galdhew all	le ozna ze seneza se		
material telling of the	had hent to the total	commos	
<u> </u>			
their o	toniolog		

and 2 s

prior

this certificate has use as the burial-transit per Health and Mental Hygiene or Hem 18 shows

After

à to

should be detached with the State Dept.

MPORTANT: If he

FUNERAL DIRECTOR:

0

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-10633

INDUSTRY

(TYPE OF WORK FOR MOST OF WORKING LIFE)

Custodian

12b. KIND OF BUSINESS OR

ISTRAR. ,			CERTIFICATE OF DEATH	REG. NO.	3 10	000
DNAME	FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
Carrie	Virginia	Pack	Cowan	Mav	7 1979	A. A
	4 RACE		5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
emale	Neg	ro	Aug 30 1917	61 YR		HOURS MIN
ACE (STATE OR FORE	IGN 76 CITIZEN O	F WHAT COUN	TRY? B X Separa	BALTIMORE CITY OR COUP	NTY OF DEATH	

1. DECEASE 3. SEX F 70. BIRTHPL COUNTRY Md U.S.A. O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Annapolis Admiral Drive

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130, STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Annapolis YES X 230 Admiral Drive Md NOF

14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Oliver Ellen Roosevelt Creek Carrie Johnson ARMED FORCES? ADDRESS

17. INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) 1849 Rev. Charles Creek 230 Admiral Drive 0

18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIATI	y one cause per line for (a), (b), and (c) BY: E CAUSE (a) Canno Pulmonary Antest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF a HEALT DISEASE	YEARS
gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
4/14	14/14	YES NO	YES NO
210. ACCIDENTWAS UNDERLYING	216 TIME OF INJURY OCCUR HOUR AND MONTH DAY YEAR 216 HOW INJURY OCCUR	RED SENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	G P.M. 5 7 1959 1	17	
21d. INJURY OCCURRED	210 PLACE OF INJURY 211 LOCATION		
WHILE IN NOT WHILE IT	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	- CITY OR TOV	VN COUNTY STAT

140000 attended the deceased fram saw the deceased alive an abave (1) (w) (did) (did we view the bady after death

DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

RON. PICKETT 22e ADDRESS

A.T. Allen MD Cathedral Street Annapolis . Md 23a. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

(SPECIFY)Burial Chesterfield A.A. 5-11-1979 Mt.Tabor

24 FUNERAL DIRECTOR (VR A 15 (4))

FOR

- STATE REG

C.E. Hicks, 111 1922 Forest Drive Anna.

Md

BP.

DHMH - 16 50M 1/76

leadle 1070 Line 30 1117 61

o .a.a maileasso, "I' swirth Larieba ose " allegans

a day and all the said of the said that

MARKET THE REST NAME OF THE PARTY AND THE About Margarithm (1) Cother Leaves Annapolis, C

A. V Mig. Profes. TOURS OF STATE OF THE PERSON

THE LESS ROBER SERVICE AND A SERVICE SERVICE OF THE SERVICE OF THE

STATE OF MARYLAND

DEPARTMENT OF HEAD CEPTIFIC

TH AND MENTAL H		G. NO. 7	9 -	10	631
_	2g DATE OF DEA	TH MONTH	DAY	YEAR	7h HOI

MAY 1 1 1979



FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 ald be detached for use as the burial-transit permit. Then please remave corbanpapers. Pages 1 and 2 should be filled within 72 hours ofter death the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. requires that the death certificate be IOSPITAL OR ATTENDING PHYSICIAN: The low

ed by the hospital or attending physicion.

TO H	10	shou	with	IMPO	
BP.	_	_	_	_	
DHMH - 1				6	

24. FUNERAL DIRECTOR

REESE & SONS MORTUARY.

1		REGISTRAR		CERTIF	CATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST	WIDOLE	0.0	AST C		MONTH DAY	Y YEAR	2b. HOUR
108		Ler		CRAU	stora		5 /	79	933 8
	3. SE	X A C o L o	4 MACE	S DATE C	DF BIRTH YEAR	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
W	7. 0.	Male	Negro		214 09	100	YRS		
20		IRTHPLACE (STATE OR FOREIGN ARYLAND	76. CITIZEN OF WHAT CO	MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	_		
20		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	WIDOWE		120 USUAL OCCUPAT			MD.
53	A	NNAPOLIS	ANNE" ARUNDI	EL GENERAL		(TYPE OF WORK FOR MOST C		INDUSTRY	JF BUSINESS OR
35	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY)	VIY 113c. CITY	PENCE BEFORE ADMISSION) Y OR TOWN APOLIS	13d. INSIDE CITY LIMITS?	1006 Madis	on St.	Apt.	S 4
131		THOMAS	MIDDLE CRAI	WFORD	15. MOTHER'S MAIDEN NAM			LAS	ST
1	16a. V	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN] (IF YES, GIVE	CANAD OR CATEGO	-18-9948A	17. INFORMANT AGNES SISCOE	202 Garden		Anna La. Md	polis,
		18 CAUSE OF DEATH (Enter on	lly one couse per line for (a), (b), and (c)				APPROX.	IMATE INTERVAL ONSET AND DEATH
м		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	maliani	ant Lumi	n la amos		6	mouth
	z	gave rise to immediate couse 101, stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CO		NOT RELATED TO THE TERMI	inal disease or con	DITION GIVEN	IN PART 10	a ^r
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	DR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, V		NGS USED OF DEATH?
1	RTIE		2 20 20 0 0 0 0 0		In the state of th	YES NO	YES (NO 🗌
1		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	1111	NTH DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	LY IN ITEM 18, PART	1 OR PART 2]	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTO	RY ORY, OFFICE, FARM, ETC.]	21f LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
		22a 1 certify the (1) (this hospi saw the deceased alive on abave (1) (we) (did) did na	F 1		d that in (my) (our) opinion d	leoth accurred on the d	, 19 ate and hour a	and from the	that (1) (we) lost causes stated
		226. SIGNAPURE) Colery	- 0	ATTENDING PHYSICIAN	MEDICAL STA	FF IAN []	22c. DATE	SIGNED 79
1		ENSER W	COLEI	111	121 CATHE	ORAL ST.	ANNI	APOUL-	s Md.
	- 1	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cc	DUNTY 214	101 _{STATE}
	B	URIAL	5-5-79	MOSES C	EMETERY	Drury		Maar	hee fur

ADORESS Annapolis, Md. RY. P.A.

ALIVADOR DE LA TARRA

nesemble and A-er-re

the second section of the sect

22 2 2 3 9 2 3 2 7 7

Aldren Super Land

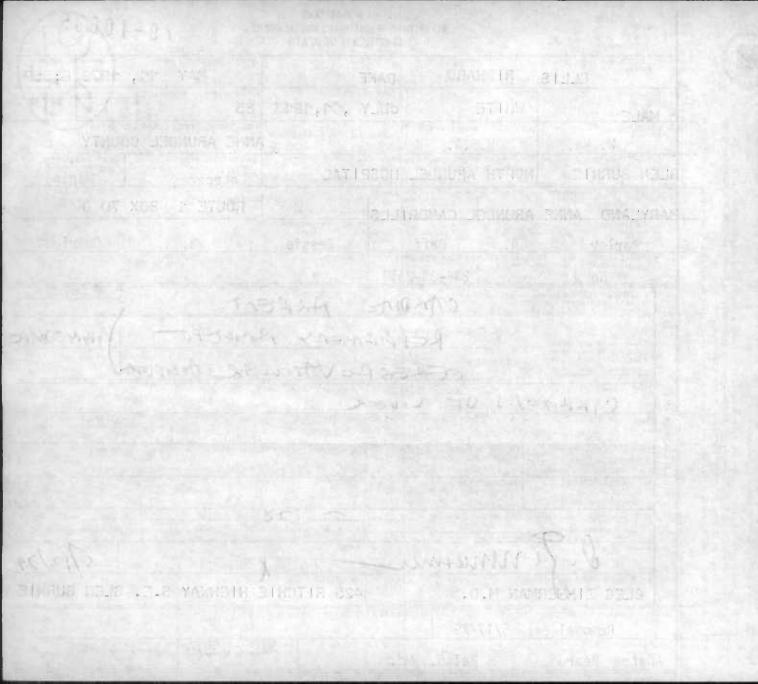
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after details. Page etained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the function distributed be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hapman with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If Nem 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be notified at ance.	33 13 1
TO HOSPITAL OR ATTENDING PHYSICIAN The low requires the retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicis should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar remaval.	MPORTANT: If them 21 is marked or Item 18 shows any injury, or a	99

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
CERTIFICATE OF DEATH

79-10635

	1-	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG, NO	79-106	35
		CEASED NAME FIRST ELLIS	RICHARD	DAF	AST C		11. 1979	26 HOUR 8;55P _M
	3 SEX		4 RACE	Is DATE C		6 AGE (IN YEARS LAST BIRTH	,	
	N	1AL F	WHITE	JUST	Y ,04,1973	65	MONTHS DAYS	HOURS MIN
		RTHPLACE (STATE OR FOREIGN W. Va.	76 CITIZEN OF WHAT COL	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OF ANNE ARUNE		MD.
		TY OR TOWN OF DEATH	NORTH ARUN	NURSING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTR	OF BUSINESS OR
-	MAF	RYLAND ANNE	VIY 13t. CITY C	ICE BEFORE ADMISSION) DR TOWN MBRILLS	AES [] NO []	13. ROUTERS	BOX 70 [
d		Parley	A. D	aff	15. MOTHER'S MAIDEN NAMERIEST Bessie	MIDDLE	Cu	tright
		VAS DECEASED EVER IN U.S. AR res, no or unknown] (IF yes, Givi	E WAR OR DATES)	03-2514	17 INFORMANT	ADDRES	S	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly ane cause per line far (a) ED BY TE CAUSE (a)	1201h	- ARRE	77	APPRO BETWEET	XIMATE INTERVAL NONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CO	LEPIN	LATERY P	AR Acc	14	MEDIAN
	N	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTIONS	NG TO DEATH BUT				(a)
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
,		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2]	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC.]	21f LOCATION STREET	CITY OR TOWN	COUNTA	STATE
		220.1 certify that (I) (this hospi sow the deceased of the on above. (I) (wA/did)	hew the bady after death		d that in (my) (our) opinion o	, to death occurred on the dat		, that (I) (we) last e couses stated
		22b. SIGNATURE	1 Mmus		ATTENDING PHYSICIAN	MEDICAL STAFF		/13/79
		OLEG ZIMMER	RMAN M.D.		425 RITCHIE	E HIGHWAY	S.E. GLEN	BURNIE
	23a. Bi	URIAL, CREMATION, REMOVAL Removal	236. DATE 5/17/79	23¢ NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		natomy Board	Balto	RESS Md.	25a. D	HAPCID BY REGISTRAR 2	Sh. REGISTRAR'S SIGNA	JURE



TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 mass retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director ashould be detached for use as the busial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled within 72 hours at a detached for use as the busial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled within 72 hours at a detached for use as the busial Hygene prior to busial, cremation, ar removal.	IMPORTANT: If them 21 is marked or Item 18 shaws any injury, or other traumatic event, the medical examiner must be natified of ance.
O HOSPITAL	TO FUNERAL should be det with the State	MPORTANT:

STATE OF MARYLAND

79-106	3	O
--------	---	---

	1 -	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG	IENE REG. N	79-	1000	DST
		ASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
	(TYPE O	MYRTLE	A.	guin	DEISE	May 2	14, 1	979	9:05 P.
	3. SEX	Female	4. RACE White	S. DATE O	S-/808 YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	# UNDER 24 HRS HOURS MIN
5	7a BIRT	HPLACE (STATE OR FOREIGN NITM) harles (0.	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O			MD.
4		en Burnie	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) North Arundel	DDRESS)		120 USUAL OCCUPAT	ION OF WORKING I	LIFE) 126. KIND OF	F BUSINESS OR
5	13o. ST.	Md. Anne	Arundel Pasader	V	134 INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS	o Onis	ve =2112	2
lo.		Geange Luttre			15. MOTHER'S MAIDEN NAM			LAST	
0	160 WA	AS DECEASED EVER IN U.S. AR I I FYES, GIVI	MED FORCES? THE SOCIAL SECU	1690	Mrs. Murtle B	nuscup -	73 R	idge Oris	-21122
		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and D BY: TE CAUSE (a)	Br	reeneure	<u>`</u>		,	MATE INTERVAL INSET AND DEATH
	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	^	espratu	J GNEW		20	Aue
	S S	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D			IN AL DISEASE OR CON	20b. IF YI	ES, WERE FINDIN	GS USED
ħ	TIFIC					YES NO	Y	TIFYING CAUSES (OF DEATH?
1		10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	B, PART I ORPART 2)	
	A.	WHILE NOT WHILE TWORK AT WORK	210 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn V	COUNTY	STATE
		sow the decrased of we on obove. (I) (we) (did) did no	tal) attended the deceased from 19		nd that in (my) (aur) apinion a	death occurred on the o	ote and ha	our and from	(we) lost stated
		12b. SIGNATURE	MEDICAL STA	FF CIAN []	77C DATE S	IGNED			
		MICHAEL B. PEA			8726 Randa	Liberty Pla 11stown, Ma	ıza arvla	nd. 2113	3
	23e. BU (SPI	RIAL, CREMATION, REMOVAL BURIAL BERLA DIRECTOR	1-31	nkuno	EMETERY OR CREMATORY	23d LOCATION Batto.		COUNTY	STATE
	24 FUN	EKAL DIKECTOR	Inc-6415 Belair R		250. DATE	AY 29 1979	25b. REGE	STRAR'S SIGNATU	Presdy

DHMH - 16 50M 7/77 (VR A 15 (4))

The State of the S			
	J 1000 - J 2000	latid)	
			There was Co.
State States Tolker			Street note.
1/75 Inter terms = 7//75	27/17	mo lan	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.
1172 mile auseur - ameliac, v21	` \ `~		(3)
			ucial on a side a

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 milestained by the haspital or ottending physician.
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, is should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.
IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumotic event, the medical expression frametic do nace.

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

			700			ST	TE OF MA	RYLAND					
	1.	FOR STATE			• DEI			ND MENTAL HY	GIENE	7	9-11	1637	
	Ľ.	REGISTRAR				CERI		OF DEATH	2011	REG. N	0.		
		CEASED NAME OR PRINT)	FIRST	A	AIDDIE	1.	LAST	Nº 7	20. DATE O	FDEATH	MONTH DAY	Y YEAR	26 HOUR
	2 55	PP	edine	DACE.	•	101	CKER	1000	4.465) ×0	UNDER I YEAR	1 AM
	3 SE		-	RACE			OF BIRTH	YEAR >	6. AGE (INY	EARS LAST BIR	MO	INTHS DAYS	HOURS MIN
0	Zo. Bi	RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COU				9. BALTIMO	RE CITY O	R COUNTY O	F DEATH	
25		deralsburg	. Md	LASE	9.	WIDO		VER MARRIED A	Ann	Aruno	lale		MD.
91	10 CI	TY OR TOWN OF DEA				URSING HOM			120 USUAL	OCCUPATI K FOR MOST O		126. KIND O INDUSTRY Hotel	F BUSINESS OR
n	USU	AL RESIDENCE (IF NURS	ING HOME OR OT	HER INSTITUTION.		E BEFORE ADMISSIO	N)	(/ 77) 14 @				Hotel	•
25	Ma	ryland	Carol		Fede:	rlasbur	S YES Z	DE CITY LIMITS?	13e STREET	ADDRESS		kela.	
1	14. FA	THER'S NAME FIRST	MID	DLE	LAS	ST		HER'S MAIDEN NA		WIDDLE	1.11.4	LAS'	747-117
20		ohn Pratti						la Dicke	rson	0			3.5
3		VAS DECEASED EVER	(IF YES, GIVE W		16b SOCIA	SECURITY NO				ADDRE	ss Fede	ralsbu	rg,
		No			318-	16-523	S Cus	rles Dic	kerson,	, 115	Davis		
		PART I. DEATH W			6	A	. O . D	11.11 %	,			BETWEEN	MATE INTERVAL DISET AND DEATH
		0.50	IMMEDIATE	CAUSE (0)	M	Truna	cu r	range	uney				
		Conditions, if any,	which	DUE TO, OF	AS A CON	SOMEWICE OF	hu	pertense relliter	m			1335	
uli		gove rise to imm	nediote	DUE TO OF	AS A CON	SEQUENCE DE	107	17	10,14,1910				
		underlying couse		(c)	L	relate	, n	ullille	A	- 44			
	z	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	NTRIBUTIN	G TO DEATH B	JT NOT REL	ATED TO THE TERA	MINAL DISEAS	E OR CON	DITION GIVEN	IN PART 10	13.
_	CERTIFICATION	190 DATE OF OPERAT	ION	TISE CONDI	TION FOR V	VHICH OPERAT	ION WAS P	FREORMED	200 AUTO	DPSY?	70h JE YES V	WERE FINDIN	IGS LISED
9	IFIC,	THE DATE OF GREAT		17.0 CO.101	110111 OK 1	VIIICII OI EKAI	011 11 11	EKI OKIVIED	YES	NON		NG CAUSES	
1	CERI	210. ACCIDENT WAS UND		21b. TIME O				W INJURY OCCUR	Separat .				
7		OR CONTRIBUTING C		HOUR A./	л, MONTI л.	H DAY YEA							
	MEDICAL	21d INJURY OCCURR	ED	21e PLACE C		OFFICE FARM, ETC.)	211 LOG	ATION		CITY OR TOW	/N	COUNTY	STATE
55	2	AT WORK AT WO	RK -	(NOTAL) SIN	LLI, FACTORI, C	orrice rana, etc.,				CI			JIAIL
		220 I certify that (I)		ottended the	4		8.	18, 19	. 10	1.2	. 19		hot (I) (we) lost
		sow the decease above, (1) (we) (d 22b. SIGNATURE	id) (de not			19_19		(my) (our) opinion	deoth occurre	ed on the do	ite and hour o		
Tel		220. SIGNATURE	-0 11	1.0		20.	DEGREE	ATTENDING	_ MEDICAL	_ STAF	F _	22c. DATE	
		22d. PHYSICIAN'S NA	ME (TYPE OR PR	INT)	m	m	220 AD	PHYSICIAN [DIRECTOR	☐ PHYSIC	IAN []	19-97	2.79.
1				Thinks									
	23o B	URIAL, CREMATION, I	REMOVAL	23b. DATE		23c NAME OF	CEMETERY	OR CREMATORY	23d. LOC	ATION			
	(5	PECIFY)		1/- 0	- 107	John	s Ceme	tery	Prod	RTOWN	Caroli	YINU	STATE

Burial | May 25,1979

24 FUNERAL DIRECTOR ADDRESS Federal sburg,
Framptom-Hawkins Funeral Home, 216 N. Main St. 250. DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNATURE



requires that the death certificate be executed within 24 hours often

PHYSICIAN The low

TENDING

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10638

	3. SE:			1 RACE	Tuller	5. DATE C	TIOI)	& AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER
15				1		MONTH		10		ONTHS DAYS	HOURS
, 1		F'ema./e RTHPLACE (STATE OR F	OBEIGN 1		vhat country?	1	-20-17	1 BALTIMORE CITY O	P COUNTY	OF DEATH	
22	C	DUNTRY)	OKE IOIN		VIIAI COOIVIKI:	MARRIE					
920	-	iaryland TY OR TOWN OF DEA	TU	USA	OCDITAL NILIDCIN	WIDOWE	D DNORCED DNORCED	Anne Arur		126 KIND O	AE BUICKU
53	A	nnapolis		Annapo	lis Gener	ADDRESS)		(TYPE OF WORK FOR MOST O			
of to	USU,	AL RESIDENCE (IF NUR	136 COUN		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	134. STREET ADDRESS			
30	N	laryland	Anne	Arundel	Annapol:		YES NO A	243 Ancho	orage 1	Drive	214
Dine	14. FA	THER'S NAME		MODIE	LAST		15. MOTHER'S MAIDEN NA	WE		LAS	,
121		Harry		W.	Fuller		Anita	S.		Fould	ls
0 /		VAS DECEASED EVER			166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS		
per	(NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	215-10-0	6586	Mr. R. Samue	Dillon	Same	e as #	13
å.		18 CAUSE OF DEAT	H (Enter pel								MATE INTE
r other traumatic eve		Conditions, if ony gove rise to improve to improve underlying couse	MMEDIATE , which nediate ng the	DUE TO, OR	AS A CONSEQUE		S CILL CENS	inome In			V.C.
njury, or other traumatic eve	NO	Conditions, if any gove rise to imm cause 101, static underlying couse	, which mediate ag the lost.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	0,
ows any injury, or other traumatic eve	TIFICATION	Conditions, if any gove rise to imm cause 101, static underlying couse	, which nediote ng the lost.	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO	AS A CONSEQUE	ENCE OF		INAL DISEASE OR CONI	20b. IF YES,	WERE FINDING CAUSES	NGS USE
18 shows any injury, or other traumatic eve	CERTIFICATION	Conditions, if ony gove rise to imicouse iol, stotic underlying couse PART 2 OTHER SIGNATE OF OPERA	, which nediate ng the lost. NIFICANT CO	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO	AS A CONSEQUE TION FOR WHICH	ENCE OF DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USE OF DEAT
tem 18 shows any injury, or other traumatic eve		Conditions, if ony gove rise to im- couse 101, stotic underlying couse PART 2 OTHER SIGI	, which nediote ng the lost. NIFICANT CO	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO	AS A CONSEQUE TION FOR WHICH TINJURY M. MONTH DA	ENCE OF DEATH BUT OPERATION	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USE OF DEAT
or Hem 18 shows any injury, or other traumatic eve		Conditions, if ony gove rise to import to impo	, which mediate go the lost. NIFICANT CO TION CAUSE OF DEAT ALEXAMINER)	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 196 CONDIT	AS A CONSEQUE TION FOR WHICH FINJURY A. PERSONNER TON FOR WHICH TON FOR WHICH	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR!	200 AUTOPSY? YES NO	20% IF YES, IN CERTIFY YES RY IN ITEM 18, PAI	WERE FINDING CAUSES	NGS USE OF DEAT
rked or Nem 18 shows any injury, or other traumatic eve	MEDICAL CERTIFICATION	Conditions, if ony gove rise to import to impo	IMMEDIATE , which nediate any the : lost. TION CAUSE OF DEAT AL EXAMINER) RED HILE	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 196 CONDIT	AS A CONSEQUE AS A CONSEQUE TION FOR WHICH FINJURY A. MONTH DA	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURI	200 AUTOPSY?	20% IF YES, IN CERTIFY YES RY IN ITEM 18, PAI	WERE FINDING CAUSES	NGS USE OF DEAT
marked or Hem 18 shows any injury, or other traumatic eve		Conditions, if ony gove rise to imicouse iol, stotii underlying couse PART 2 OTHER SIGI 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE NOT W	, which nediote and the ion of th	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 19b CONDIT 21b. TIME OF HOUR A.M. 21a PLACE C (AT HOME, STRE	E AS A CONSEQUE TION FOR WHICH FINJURY A. DE INJURY SEET, FACTORY, OFFICE, F	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR!	200 AUTOPSY? YES NO	20% IF YES, IN CERTIFY YES RY IN ITEM 18, PAI	WERE FINDING CAUSES	NGS USE OF DEAT
21 is marked or Item 18 shows any injury, or other traumatic eve		Conditions, if ony gove rise to imm couse 101, stating underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA 218. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE ATWORK ATW 220. I certify the (I) sow thereleces	, which mediate go the isot. NIFICANT CO TION CAUSE OF DEAT AL EXAMINER) RED White hospite ed alive one	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 1% CONDITIONS CO	AS A CONSEQUE AS A CONSEQUE TION FOR WHICH FINJURY A. MONTH DA A. JE INJURY SET, FACTORY, OFFICE, F	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR!	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUST CITY OF TOV	20% IF YES, IN CERTIFY YES RY IN ITEM 18, PAI	WERE FINDING CAUSES TREAT TORPART 2) COUNTY	NGS USE OF DEA' NO [
21 is marked		Conditions, if ony gove rise to imm couse 101, stating underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA 218. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE ATWORK ATW 220. I certify the (I) sow thereleces	, which mediate go the isot. NIFICANT CO TION CAUSE OF DEAT AL EXAMINER) RED White hospite ed alive one	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 19b CONDIT 21b. TIME OF HOUR A.M. 21a PLACE C (AT HOME, STRE	AS A CONSEQUE AS A CONSEQUE TION FOR WHICH FINJURY A. MONTH DA A. JE INJURY SET, FACTORY, OFFICE, F	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21I. LOCATION STREET 3/15, 19/79	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUST CITY OF TOV	20% IF YES, IN CERTIFY YES RY IN ITEM 18, PAI	WERE FINDING CAUSES TREAT TORPART 2) COUNTY	NGS USE OF DEA' NO [
If Nem 21 is marked o		Conditions, if ony gove rise to imm couse 101, Stotiu underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA 216. ACCIDENT WAS UN OR CONTRIBUTING (FETTHER, NOTEY MEDIC AT WORK AT WORK AT WORK AT WORK SOW the decease oboye, (1) we have a country to the decease oboye, (1) we have a country to the decease oboye, (1) we have a country to the decease oboye, (1) we have a country to the decease oboye, (1) we have a country to the decease oboye, (2) SIGNATURE 22b. SIGNATURE	which nediote ng the lost. NIFICANT CO TION CAUSE OF DEAT AL EXAMINER) RED White Cause of Deat al Examiner of Deat al Exa	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 196 CONDIT 216 TIME OF HOUR A.M. P.M. 21a PLACE C (AT HOME, STRE	AS A CONSEQUE AS A CONSEQUE TION FOR WHICH FINJURY A. MONTH DA A. JE INJURY SET, FACTORY, OFFICE, F	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. LOCATION STREET 3/15, 19 and that in (my) our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUST CITY OF TOV	20% IF YES, IN CERTIFY YES RY IN ITEM 18, PAI The ond hour	WERE FINDING CAUSES TO REPART 2) COUNTY Ond from the	NGS USE OF DEA' NO [
If Nem 21 is marked o		Conditions, if ony gove rise to imicouse iol, stotic underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA 218. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTEY MEDICAL WHILE AT WORK NOTEY MEDICAL WHILE AT WORK AT WORK ON	which nediote ng the lost. NIFICANT CO TION CAUSE OF DEAT AL EXAMINER) RED White Cause of Deat al Examiner of Deat al Exa	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 196 CONDIT 216 TIME OF HOUR A.M. P.M. 21a PLACE C (AT HOME, STRE	AS A CONSEQUE AS A CONSEQUE TION FOR WHICH FINJURY A. MONTH DA A. JE INJURY SET, FACTORY, OFFICE, F	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCUR! 211 LOCATION STREET 3/5 19 10 that in (my) our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT CITY OF TOV JOHN TOWN MEDICAL STAIL	20% IF YES, IN CERTIFY YES RY IN ITEM 18, PAI The ond hour	WERE FINDING CAUSES TO REPART 2) COUNTY Ond from the	NGS USE OF DEA' NO [
Nem 21 is marked o	MEDICAL	Conditions, if ony gove rise to imm couse 101, Stotiu underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA 216. ACCIDENT WAS UN OR CONTRIBUTING (FETTHER, NOTEY MEDIC AT WORK AT WORK AT WORK AT WORK SOW the decease oboye, (1) we have a country to the decease oboye, (1) we have a country to the decease oboye, (1) we have a country to the decease oboye, (1) we have a country to the decease oboye, (1) we have a country to the decease oboye, (2) SIGNATURE 22b. SIGNATURE	which mediate and the reduction of the r	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 196 CONDIT 216 TIME OF HOUR A.M. P.M. 21a PLACE C (AT HOME, STRE	AS A CONSEQUE AS A CONSEQUE TION FOR WHICH FINJURY A. MONTH DA A. OF INJURY SEE, FACTORY, OFFICE, F cofter death.	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. LOCATION STREET 3/15, 19 and that in (my) our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT CITY OF TOV JOHN TOWN MEDICAL STAIL	20h IF YES, IN CERTIFY YES RY IN ITEM 18, PAI	WERE FINDING CAUSES TO REPART 2) COUNTY Ond from the	NGS USE OF DEA' NO [

DHMH-16 20M (VRA 15, 4) 7/78

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7.0	- 1	0	G	2	0
7 9 REG. NO.	- 1	U	U	J	J

1	REGISTRAR		CERTIFIC	AIL OI DEAIN	REG. NO			
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST		20. DATE OF DEATH M	ONTH DAY	YEAR	26 HOURDST
	JENNIE	MARIE	DISN		MAY 17			18021 M
	3 SEX		5. DATE OF B		6 AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
		White	Nov.	28, 1887	91	YRS.		
	70 BIRTHPLACE (STATE OR FOREIGN 76. CIT COUNTRY)	TIZEN OF WHAT COUNTRY?	MARRIED [NEVER MARRIED	BALTIMORE CITY OR	COUNTYO	FDEATH	
ä	Maryland		WIDOWED	DIVORCED [ANNE ARUNI			MD.
	(IF	AME OF HOSPITAL, NURSING	DRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOME Make	WORKING LIFE)	INDUSTRY	Home
	GLEN BURNIE USUAL RESIDENCE (IF NURSING HOME OR OTHER H	NORTH ARUNDEL		TAL	nome make	1	OWII	Home
S	Maryland 136 COUNTY AA	Glenbur	nie 13		7888 Ame	rican	na Ci	ircle
	Richard T	. Brown		MOTHER'S MAIDEN NAM	E MIDDLE		tuart	
ď,					.5222			
	16a WAS DECEASED EVER IN U.S. ARMED FO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR	P DATES)		INFORMANT	ADDRES			Hollins
1	No None	216.12.	4/39	Mr. John N	. Disney	(Son)		
	PART I DEATH WAS CAUSED BY.	rouse per la 3 iai, ibi, and i	(CL)	2/20	10		BETWEEN O	NATE PUTERVAL NAME AND DEATH
	IMMEDIATE CAU	ISE of Carde	5/02	certor es	cagso-			
1	2767 0	UE TO, OR AS ASCON SQUEN	CLOI .	.11.	20			1-3.7
	Conditions, if any, which gave rise to immediate	(6)	N CC	your	,		-	
	Part of the state	UE TO, ON W CONSEQUEN	CESTON	1.00			1	Del N
		TONE CONTACTOR	1	7.051.750.75		W.O. I. O. I. C.		
	PART 2 OTHER SIGNIFICANT CONDE	CON KIBUTING 1906	ATH BUT NO	OF RELATED TO THE TERMIN	NAL DISEASE OR COND	IIION GIVEN	IN PART 1(o	
j	190 DATE OF OPERATION 19 210. ACCIDENT WAS UNDERLYING 21	% CONDITION FOR WHICH O	PERATION V	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	GS USED
	III				YES NO	YES	NG CAUSES	NO [
1	OR CONTRIBUTION CALLER OF DEATH	16. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 2	1c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18, PART	1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19	The second secon	The Market of			rh ru
	W 1/A	IN PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FAR	M. ETC.)	II LOCATION	CITY OF TO MA	1	COUNTY	STATE
	WHILE NOT WHILE AT WORK			7/10-0	. 17	17	20	
	22a-1 certify that (I) (this haspital) att	tended the deceased from		11/19/7	_, to//		/	that (I) (we) lost
		the body after leath.		that in (m/y) (our) opinion de	eath occurred on the dat	e ond hour o	nd from the o	couses stated
	12LSTGNATURO	11	DEC	ATTENDING	MEDICAL STAFF		mont	SIGNED
	1/1	10			DIRECTOR PHYSICI	AN 🗌	N//	119
	22d. PHYSICIAN'S D'AME (TYPE OR PRINT)		2:		CRAIN HIGHWA			
	ANÁSTACIÓ E. SUBC				BURNIE, MAR	YLAND	21061	
	(FORCIEW)			ETERY OR CREMATORY	Glen Bur	mic	AA	Md.
		ay21,79 G16	en na	ven Cem.	-		A CONTRACTOR OF THE PARTY OF TH	
	24. FUNERAL DIRECTOR AMOU	MENTADORESS	T)	I WINY	REC'D BY REGISTRAR	Tight	w/ Siel	resoly
	Singleton Funera	1 Home, Glen	Bur	nie, Md. MAI	10/0	4	/	

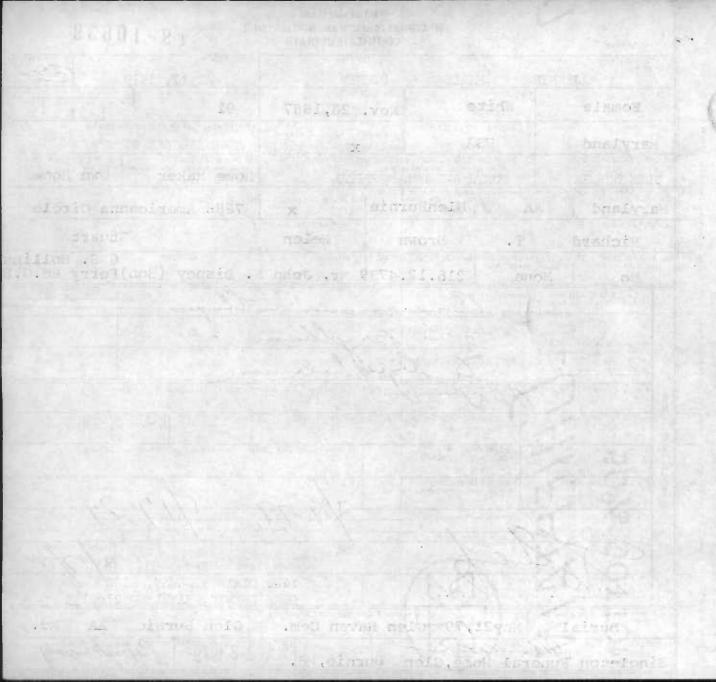
BP. DHMH - 16 50M 7/77 (VR A 15 (4))

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at



within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN; The low retained by the haspital or attending physician.

	AIC	M 10 31	AKT	AND	
DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	FICATE	OF	DEATH	
			_		

REG. N	10. 7	9 -	10	640	
DEATH	MONTH	DAY	YEAR	26 HOU	?

-		FOR STATE REGISTRAR			OF HEALTH AND		REG. No	79-	-106	40
		CEASED NAME FIRST OR PRINT) VIRGIN	MIDDLE A D	nie D	CKERY		20. DATE OF DEATH May 11.	MONTH DAY)110 A
-11	3 SE		4 RACE		ATE OF BIRTH		6. AGE (IN YEARS LAST BIRT			FUNDER 74 HRS
		FEMALE	CAUC	FE	MONTH DAY	L 902	77	YRS.	THS DAYS F	HOURS MIN
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8			9. BALTIMORE CITY O		DEATH	
35		aryland	U.S.A.		ARRIED NEVER	DIVORCED []	ANNE ARUN	DET. COU	NTY	MC
	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HO	ME OR OTHER IN	STITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON	12b. KIND OF E	
21		ORT MEADE	KIMBROUGH	ARMY HO	SPITAL		Housewif			Home
35	13a	AL RESIDENCE (IF NURSING HOME STATE 13b COU ARYLAND ANNI	INTY 13c. CIT	DENCE BEFORE ADMIS Y OR TOWN LEN BURN	13d INSIDE	1-45/64	2700 Fi	nch Dr	ive	
132	14 F/	John F	emmit Pin	last Ikine	Li	r's MAIDEN NA/	May		Hubb	
1	16a \	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SO	CIAL SECURITY I	NO. 17 INFORM	MANT 202	Baylor ADDRE	ssRd.,G	lenBu	rnie.
		NO		2-54-94	176 Mr.	John	F. Docker	y. Jr.	(son	
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE)	anly ane couse per line for SED BY: ATE CAUSE (a)	101, (b), and 10	lmo	nary	elem	1-	BETWEEN ON	SET AND DEATH
		Conditions, if any, which	DUE TO, OR AS A C	ONSEQUENCE	CUD	with	Atrial fin	bullaty	n c	IRS,
		gove rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A C	ONSEQUENCE	OF		V			
	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBL	ITING TO DEATH	BUT NOT RELATE	ED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(a)	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPER	ATION WAS PERF	FORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	IG CAUSES O	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MO		71c. HOW	INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1	OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU		211. LOCAT STREE		CITY OR TOV	VN .	COUNTY	STATE
	d	220.1 certify that (1) (this has saw the deceased alive above, (1)//w	pital) attended the decea	7/	, and that in (m	y) (aur) opinion	deoth occurred an the d	te and hour an	. ,	at (1) (we) last uses stated
		226 SIGNATURE	loner		DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	FF IAN S	S/	II 79
1		22d. PHYSICIAN'S NAME IT PE	OR PRINTY		22e ADDRI	ESS			/ 2	20755
		JUAN A. BELTE	RAN, M.D.				RMY HOSPITA	L, FT. N	MEADE,	MD
	23a	BURIAL, CREMATION, REMOVA			OF CEMETERY OF	RCREMATORY	23d LOCATION CITY OR TOWN	COL	UNTY	STATE
		Burial	15 MAY 7	9 G1e	n Haver				A.A.	Md.
	24 F	UNERAL DIRECTOR	Maller	ADORESS			E REC'D. BY REGISTRAR	ASB. HELDISTRAN	A SKINATUR	E.
		SINGLETON F	UNEKAL HON	IE, GLE	N BURNI	E ND	11 1 5 13/3	1	,,,,	

DHMH - 16 50M 7/77 (VR A 15 (4))

within 24 hours

deoth certificate be

TENDING PHYSICIAN. The low requires that the

or offending physicion.

retoined by the hospitol TO HOSPITAL

BP.

STATE OF MARYLAND

1.	FOR STATE		DEPARTM		ALTH AND MENTAL HY	GIENE	70-	1061	4
	REGISTRAR			CERTIFI	CATE OF DEATH	REG. N	10.1	100	
	CEASED NAME FIRST	James "	Bader	n LA	DUNBAR, SR	20. DATE OF DEATH	MONTH D	DAY YEAR	26. HOUR 35
		mes	Baden	D	unbar		05	11 79	2 33 OM
3. SE	x	4 RACE		5 DATE OF	F BIRTH YEAR	6. AGE (IN YEARS LAST BIR	_	W UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Part	male	whi	te	JUN		55	YRS.	WONTHS DATS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF V	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
	MARYLAND	US.	A.	WIDOWED		Anne Ar	undel	Co.	MD.
10 C	ITY OR TOWN OF DEATH		OSPITAL, NURSING		ROTHER INSTITUTION	12g. USUAL OCCUPAT	ION OF WORKING LIFE		F BUSINESS OR
	nnapolis	Anne	Arundel	Gen1	. Hosp.	TYPE OF WORK FOR MOST OF Diesel	Macha	mic Co	ottmafio.
USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 13b, COL	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	136. INSIDE CITY LIMITS?	13e STREET ADDRESS			
Ma		eArunde			YES NOX	300 Lon	gwood	Avenu	ae
14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LASI	
	Douglas	MIDDLE	Dunbar	r	Mary	L.			ready
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDR	ESS Sam	ne as	
L		N/A	217-12	-152	Mrs. Mary	K. Dunba	r (wi	.fe)	13
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per	line for (a), (b), and	light	0 .	Λ .		BETWEEN C	MATE INTERVAL ONSET AND DEATH
		ATE CAUSE (o)	Mesta	Hate	c Ocular	Milar	iema	_ 10) years
	1909	DUE TO, OF	R AS A CONSEQUE	NCE OF				1000	0
	Conditions, if ony, which	((b)							
	gove rise to immediate couse (a), stating the	DUE TO, OF	R AS A CONSEQUE	NCE OF					
	underlying couse lost	(c)_							
_	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT I	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	IDITION GIV	EN IN PART 10	31
CERTIFICATION							Tana as usa		
ICA	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH (OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN	OF DEATH?
Ē					In	YES NO		s 🗌	NO []
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INA	JRY IN HEM 18, P.	ART I OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P./		19					
NE D	21d. INJURY OCCURRED WHILE IT NOT WHILE IT	21e. PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK			1	10 K	1	7	79	
	22a.l certify that (1) (1b)s has		e deceosed from	262	d that in (my) (our) opinion	death grouped antho	lete and have		that (I) (we) last
	obove. (I) we) (did) (did)	not) v)ew the body	ofter deoth.		DEGREE	Geom Geomed ou me e	lore and nac	22c DATE	
	220. SIGNATURE	107	POTI	7 1	ATTENDING :	MEDICAL STA		1200	1179
	22d. PHYSICIAN'S NAME (TYPE	W	dece	1 1	PHYSICIAN 2220 ADDRESS	DIRECTOR PHYSI	CIAN	12/	11/1/
	FASTR	MI C	11 = 111		171 CATH	FROAT S	7 A1	LAPA	115 Mel
22-	LIVE CONTRACTOR OF MOVE	I Tall Days	I 22: N	IAME OF CE	METERY OR CREMATORY	23d. LOCATION	1. 1.1	0/0/// 0	421101
230.	BURIAL, CREMATION, REMOVA					CITY OR TOWN		COUNTY	STATE
24 F	Entombmen UNERAL DIRECTOR	t 16 MA		ten F	Haven Mem. F	PKI GlenBu TE REC'D. BY REGISTRAF		RAR'S SIGNAT	Md.
100	SINGLETON FU	THERAT	HOME CI	EN D	URNIE, MD	V 1 5 1979	hot	24/xel	ready
	SINGLEION FO	THATAN	HOME, GL.	EN D	OKNIE , MD	11 5 3/3		/	

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fueltrial should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MAPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be notified at accompany.

	mana coma	
.on Loonard smil	2.2.2	
piecel lacianic Coffee		
Samera Boomed Due	sicusson Labour	onst bosters
PSeasemus .i	360000	Counter
	Xx 1-17-772	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

Page 4 may be executed within 24 haurs after death certificate be requires that the TTENDING PHYSICIAN: The law or attending physician TO HOSPITAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	0	_	1	n	6	1.	2
1	9	_	1	U	U	4	4

		1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENT		REG. N	0. 75	9-10	642
m 5			CEASED NAME	FIRST		MIDDLE		AST		24 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
page 3 er death	,		13	Auch	_	ADLEY		Duvery				2-79	11: 35/AM
d 1		3. SE	(1	RACE		S. DATE C		EAR	& AGE (IN YEARS LAST BIR		FUNDER I YEAR	HOURS MIN
Ser Ser		1	elamen		Whi	Te	8		7	(6	YRS		
2 2 2 and	20	/e. BI	RTHPLACE (STATE OR I		CITIZEN OF	WHAT COUNTRY	MARRIE	D NEVER MARRI		BALTIMORE CITY C	OR COUNTY	Cou	174
within 72 h	-	10 CI	TY OR TOWN OF DE	ATH 1	I. NAME OF	HOSPITAL NURS	ING HOME (170 USUAL OCCUPAT	IN UFL		F BUSINESS OR
by t	3	A	NAPOL	15	PNE PNA	HOSPITAL, NURS CHEACHITY, GMESTRE ARWDE	ET ADDRESSI	UERAL HI	USP.	HOME MAK	ER	INDUSTRY	
shauld be f	3.5	13a S	AL RESIDENCE (IF NUE	TIN COUNT	ARUNDE	GAMBRI	LLS	13d. INSIDE CITY LIV		13e. STREET ADDRESS ROUTE	#301		
50 =		14. FA	THER'S NAME					15. MOTHER'S MAIL		AE			
and	20		JOHN	MIC	R.	OSBO	RNE	BURLE	IGH	MIDDLE		DOS	SS
Pages 1	1	lés V	VAS DECEASED EVEL	IN U.S. ARMI		166 SOCIAL SEC		17 INFORMANT		BOX 50PR	ESS OLIVI	ET ROAL	0
			ES, NO OR UNKNOWN!			220-16-	5338	NELLIE O.	BAK	I LU	SBY, M	0. 206	57
ysicial apers. val.			IL CAUSE OF DEA	H (Enter only	one couse per			1 110	Di	17476		BETWEEN C	MATE INTERVAL ONSET AND DEATH
physical phy			PART I, DEATH V	IMMEDIATE		HLCOI	POLIC	LIVER	וע	>DA>C		NOT	Known
carb , ar r			57/3		DUE TO, O	R AS A CONSEO	UENCE OF						
attendin nove carb ation, or traumatic			Conditions, if any		(ib)							-	
by the ase rem I, cremo			couse (a), state	ng the	DUE TO, O	R AS A CONSEQ	UENCE OF						
lease ial, c					((c)_							<u> </u>	
signe hen p ta bur ijury.		N	PART 2 OTHER SIG	NIFICANT CO	NDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART HE	
mit. T prior		CERTIFICATION	190 DATE OF OPERA	TION	196 COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED)	20a AUTOPSY?		WERE FINDIN	
has per ene	2	LIFIC	NON	-						YES TO NOTO	IN CERTIFY YES	ING CAUSES	OF DEATH?
ronsit Hygie	9	CER	218. ACCIDENT WAS UN		216. TIME C		W5.0	21c HOW INJURY	OCCURR	ED JENTER NATURE OF INJU			
certify maltr ental	4	1V	OR CONTRIBUTING			M. MONTH	DAY YEAR	-	_				
d Me		MEDICAL	21d INJURY OCCUR		21e PLACE			211 LOCATION STREET		CITY OR FO	arts	COUNTY	STATE
s the		¥	WHILE NOT V	ORK ORK	TAT HOME, ST	REET, PACTORY, OFFICE	E, FARM, ETC.)	SINCE	- 0	CITY OK TO		COOKII	STATE
S. Af			22s I certify that (I	(this hospito) attended th	e deceased from	PAKIL	· NO 19	77	10 NA	7 1	970	that (I) (we) last
for of H	м		sow the deceo	ed olive on _	10.11	19.	. 01	nd that in (my) (our)	opinion d	leath accurred on the d	ote and hour	and from the	couses stated
ched ched ched			226 NATURE	1000	111			DEGREE				22c. DATE	
RAL D detoc detoc tote D			Hams	> 1186	well]	M	~) ATTEN	CIAN [MEDICAL STA	CIAN [511	13/79
TO FUNERAL should be defined by the State with the State MPORTANT.	-		THE PHYSICIAN'S N	ES M	BLA	KEJA	MP	22. ADDRESS 2510	RIV	GAON A	ANI	APOLI	n 5140,
E ₹#3 ₹=		23s B	URIAL, CREMATION	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMA	ATORY	23d. LOCATION CITY OF TOWN		OUNTY	STATE
3P			BURTAL		MAY 15	1979 0	LIVET	METH CEM.		LUSBY	C.	ALVERT	MD.
DHMH-16 20M		24 FL	NERAL DIRECTOR	DODGE	IA DD				25s DATE	MAY TE TO	256 REGISTR	AR'S SIGNATI	URE
(RA 15, 4) 7/7	8		DOWALD V.	BURGW	ARDT	PURT 1	EFUBL.	IC, MD.		1010	3	7/	Halrody

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10643 REG NO

4	-	9	
ſ	為	E)
1	6	P	
4		Page	

and

ental-trans 00

REGISTRAR L DECEASED NAME (TYPE OR PRINT)

3 SEX

MIDDLE ROSS

4 RACE

EVANS, SR. 5 DATE OF BIRTH

LAST

MAY 10, 1979 & AGE (IN YEARS LAST BIRTHDAY)

20 DATE OF DEATH MONTH

IF UNDER 1 YEAR

YEAR

6:50 PM IF UNDER 24 HRS DAYS

2b HOUR

DST

West Virginia

10 CITY OR TOWN OF DEATH

FIRST

JOHN

75 CITIZEN OF WHAT COUNTRY?

MARRIED ENEVER MARRIED WIDOWED DIVORCED

September 22 PEAR 19

12a USUAL OCCUPATION JAYPE OF WORK FOR MOST OF WORKING LIFE)

Operations Agent

ANNE ARUNDEL COUNTY 126 KIND OF BUSINESS OR INDUSTRY Am. Airlines

GLEN BURNIE

NORTH ARUNDEL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136, STATE

4len Burnie

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS? YES TE NO [

15 MOTHER'S MAIDEN NAME

Mona

13e. STREET_ADDRESS 607 Tranton Road

9. BALTIMORE CITY OR COUNTY OF DEATH

21061

Maruland 4 FATHER'S NAME Barron

In WAS DECEASED EVER IN U.S. ARMED FORCES?

IMMEDIATE CAUSE

Anne Arunde

vand 166 SOCIAL SECURITY NO.

17 INFORMANT

Sloan ranton Road len Burrie. Md. 2106:

(YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) harlotte M. No B CAUSE OF DEATH (Enter only one cause per line fg PART I. DEATH WAS CAUSED BY

OR AS A CONSEQUENCE OF

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove rise to immediate couse (o), stating the

ONSECTION CLUM CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

underlying cause last PARTA2. OTHER SIGNIFICANT CONDITIONS

19n DATE OF OPERATION

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

206. IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES T NO [

CERTIFICATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

230. BURIAL CREMATION, REMOVAL

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN

COUNTY

22ed certify that (II (this haspital) ttended the deceased saw the deceded alive or the body after death

> DEGREE TTENDING

MEDIC AL STAFF PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred an the date and hour and from the causes stated

17s. DATE SIGNED 325 HOSPITAL DRIVE, #207/

21061

MAN'S NAME THE OF RINT) JORGE B. RAMIREZ, MD

P WHEE

GLEN BURNIE, MARYLAND 23c NAME OF CEMETERY OR CREMATORY edan Hill Cemetery

22e ADDBESS

23d LOCATION Baltimore.

l'lanuland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77

24 FUNERAL DIRECTOR (VR A 15 (4))

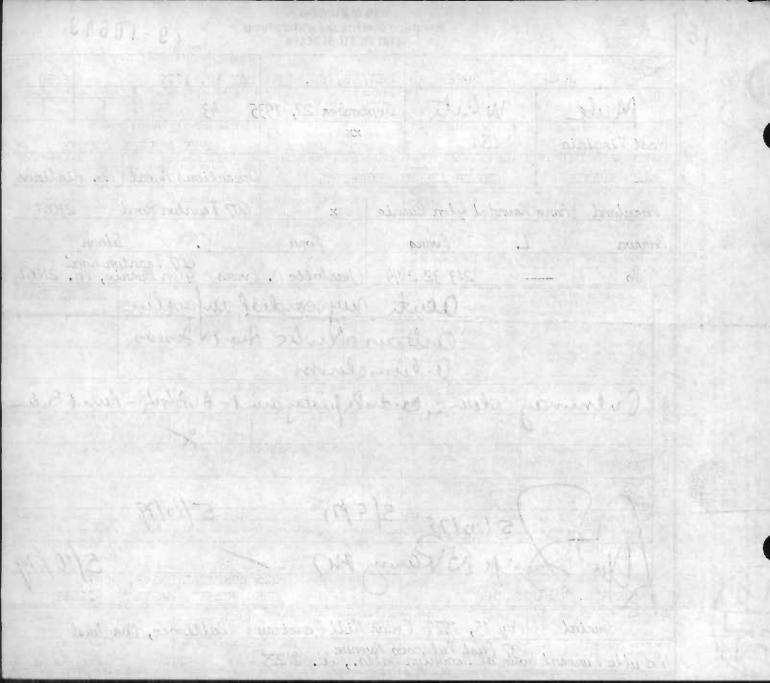
Patapsco Avenue lu Funeral Home of Brooklyn Balto. Md.

FUNERAL

0

PORTANT

old E



deoth certificate be

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or ottending physician.

FOR STATE

1630 Edmondson Avenue Catonsville, Maryland

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-	1	0	6	4	4	
PEG NO						

E.S.T.

	1. DECEASED NAME FIRST (TYPE OR PRINT) AGNES	I RENE	FEDE	RLINE	MAY 12,		Y YEAR	26 HOUR	P
)	3 SEX	4 RACE White	S. DATE OF I	BIRTH YEAR 23	6. AGE (IN YEARS LAST BIRT	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS	<u></u>
0	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8	Mever married	9. BALTIMORE CITY O			,	
d	INATYLAND IN CITY OF TOWN OF DEATH GLEN BURNIE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A NORTH ARUNDE	OORESS)	OTHER INSTITUTION	12a USUAL OCCUPATI	ION	126. KIND O	F BUSINESS OF ired	-
6	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	3d. INSIDE CITY LIMITS? YES NO 📉	13; STREET ADDRESS 126 Shelly	Road			
ic	14. FATHER'S NAME Charles	MIDDLE Hahn	15	5. MOTHER'S MAIDEN NA Agnes	ME MIODLE		Ray LAS		
	16a WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUR 217-14-21		7. INFORMANT loseph E. Fed	ADDRE derline Sam	ne as #	13		
	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF NCE OF A DO		200 AUTOPSY?	DITION GIVEN	WERE FINDING CAUSES	IGS USED OF DEATH?	
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hasp) sow the deceated alive on above (1) (we) (did) (did no 22b. SIGNATURE	HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FA tol) attended the deceosed from 19 11 view the body after death.	Y YEAR 19 2 ARM, ETC.) 2 9 . ond	216 HOW INJURY OCCUR 216 LOCATION STREET 7 - 19 7 9 that in (my) (our) opinion GREE ATTENDING PHYSICIAN 22e. ADDRESS GLEN	city or tow death occurred on the death occurred on the death occurred on the death of the death occurred on the death occurred occurred on the death occurred occurred on the death occurred occu	wn 19 ote and hour of	ond from the		st
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR. Witzki	5/16/79 C	restla	METERY OR CREMATORY DWN 250. DAT	23d. LOCATION CITY OR TOWN PARTIOTES TE REC'D. BY REGISTRAR	/ille H	ounty	STATE Md	
	1630 Edmondson A	venue Catonevill	Mari	MAY MAY	1 1010	1			

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishald be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

gi 596		
7200 T	II Zoro Til	

	(Y) S (Y) S				
				o in	1/20/03
YT	1000 LEGISTIA 24KS			wan	Difference of the second
2121		1 7196		No History	THE DESIRE
			alogue of		
					us franci
	Only on one only the	Januarit. Fe	ad15-a1-	org deliver	
			SA SA		

Witzke FanHeme of Catonsville

office of the second of the second

completely filled in by the funeral s 1 and 2 should be filed within 72

injury, or other traumotic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

1-	FOR - STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYGI CATE OF DEATH	REG. N	79	-10645
	CEASED NAME FIRST CORPRINT) LUCY	MIDDLE	10	etcher	20. DATE OF DEATH	MONTH DA	Y YEAR 26. HOUR
3. SE	x FEmale	Coust.	5. DATE O		6 AGE (IN YEARS LAST BIRT	,	UNDER 1 YEAR OF UNDER 24 HRS ONTHS DAYS HOURS MIN
	OUNTRY) MD.		WIDOWE		9 BALTIMORE CITY O	_	Tie unsel MD.
10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AI	ODRESS)	ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O		126. KIND OF BUSINESS OR INDUSTRY
	AL RESIDENCE (IF NURSING HOME OR OTH STATE 105 COUNTY			13d INSIDE CITY LIMITS? YES NO O	13e. STREET ADDRESS		
14 FA	ATHER'S NAME FIRST LENKNOWN MIDI	DLE LAST	<i>y</i>	15. MOTHER'S MAIDEN NAM FIRST	MIDDLE MIDDLE		LAST
	NAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE WI		349	17 INFORMANT BAY MANOR	A Muesing		Amagolis
	18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED EIMMEDIATE O	No. 100		I insuffice	way old	CVT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	2500 Conditions, if ony, which	DUE TO, OR AS A CONSEQUEN	CE OF	choosis -			
	gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN	NCE OF	Dinheter no	elleters		
NOI	PART 2 OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	inal disease or con		
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS USED ING CAUSES OF DEATH?
AL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (1F EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T 1 OR PART 2)
EDIC	21d INJURY OCCURRED	21e PLACE OF INJURY	DIL ETC.)	211 LOCATION	CITY OR TON	VN	COUNTY STATE

WHILE AT WORK NOT WHILE

5 -6

20820

that (1) (wa) lost

(did not) view the body ofter death 22b. SIGNATURE

220.1 certify that (I) (this hospital) attended the deceased from

DEGREE 22e. ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN

and that in (my) (pinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR BRINT) WILSON

236. BURIAL, CREMATION, REMOVAL

sow the deceased alive on.

LITLIAN 23¢. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN WIONTOWN

BP DHMH - 16 50M 7/77 (VRA 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the buriol-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to buriol, cremation,

PHYSICIAN: The low offending physicio

TENDING

HOSPITAL

23b. DATE

750 DATE REC'D. BY REGISTRAR IN ALL MAY 1 4 1979

6 1001 - 8 Contraction . Elyment and the hours thought the to the THE RESERVE OF THE PROPERTY OF and the second of the second o The state of the s OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

ned by the hospital or attending physician

TO HOSPITAL

STATE OF MARYLAND

DED A DEMENT OF HEALTH AND MENTAL HYGIENE

10616

	REGISTRAR	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	Y YEAR 2b. HOUR
	CEASED NAME FIRST Catheri	THE PARTY OF STREET	Fleyzor	May 10,	1979
3 SEX	x Female	White	S. DATE OF BIRTH March 6, 1885	94 YRS	UNDER 1 YEAR IF UNDER 24 HR
7a. Bil	RTHPLACE (STATE OR FOREIGN POLAND	76 CITIZEN OF WHAT COUNTRY? Poland	MARRIED NEVER MARRIED WIDOWED MORCED	9 BALTIMORE CITY OR COUNTY O Anne Ar unde	
10 CI	Baltimore	11. NAME OF HOSPITAL, NURSIN DE NOT IN SUCH FACILITY, GIVE STREET, 202 Church St	ADDRESS) L'EET	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKE	12b. KIND OF BUSINESS C INDUSTRY
13a. S	AL RESIDENCE (IF NURSING HOME OF 13b. COU! Tyland Anne		(N 13d. INSIDE CITY LIMITS?	202 Church St	r e et 2122
14. FA	George	MIDDLE Pe IC	15. MOTHER'S MAIDEN NA Agnes	WIDDLE	Flis
16a. V	NAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU 220-20-		Balle Ballenore, ie Lustica 202 (
			DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	V IN PART 1(0)
IFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
CAL CERTIFICATION		196 CONDITION FOR WHICH	21t. HOW INJURY OCCUR	HYCERTIFYI	ING CAUSES OF DEATH?
MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	196 CONDITION FOR WHICH	21c. HOW INJURY OCCUR	YES NO YES	ING CAUSES OF DEATH? NO () COUNTY STATE
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hasp saw the deceased alive of	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PAY YEAR 19 21f. HOW INJURY OCCUR 19 FARM, ETC.) 21f. LOCATION STREET 19 7	YES NO YES YES NO YES YES NO YES YES PARED (ENTER NATURE OF INJURY IN ITEM 18, PAR	ING CAUSES OF DEATH? NO

BP. DHMH - 16 25M

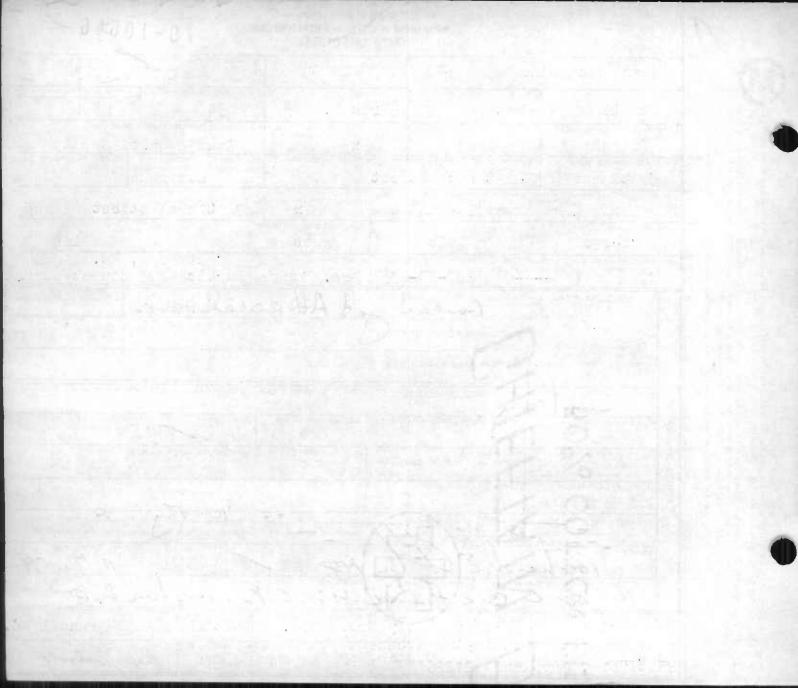
TO FUNERAL DIFFECTOR, After this certificate has been signed by the ottending physician and completely filled in by the forminist should be detected for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled within 72 has with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remaval.

WHO TAKE IT I have 21 is marked or them 18 shaws any injury, or other traumatic event, the medical examiner must be notified at ance.

(VR A 15 (4)) 9/74

of Avenue 1226 74 FUNERAL DIRECTOR
MC WALLY
Baltimore Funeral Home Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



impletely filled in by the funeral director, pa and 2 shauld be filed within 72 hours after d

natified of once.

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other troumatic event, the medical exam TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cai should be detached for use as the burial-transit permit. Then please remove carban-papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10647

	REGISTRAR			CEKTIF	ICATE OF DEAT	IH	REG. NO) 1 -	, 100	, , ,
	CEASED NAME FIRST	1	MIDDLE		AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
1111	DOROT	Thy	M	F	ophio.	a P R		5 :	30 79	13 NOON
3 SE		4 RACE		5. DATE C		JP K	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	who	Te	MONTH	17	YEAR 15	63	YRS	MONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARR	DIED []	PALTIMORE CITX O	RCOUNTY	OF DEATH	
W.	Virginia		J.S.	WIDOWE	D DIVOR	CED 🔲	auro Ce	MID	el Coi	MD. MD.
	IN Na polis	(IF NOT IN SUC	HOSPITAL, NURSÍNO HFACIUTY, GIVE STREET AI	DDRESS)	ROTHER INSTITUT	ION	120 USUAL OCCUPATION OF WORK FOR MOST OF HOME MAKE	WORKING LIF	126 KIND O INDUSTRY	F BUSINESS OR
13a			Riviera Riviera			X	13 SURFEET ADDRESS 187 Hill	top 1	Rd.	
14 F.	ATHER'S NAME FIRST	WIDDLE	Green	е	15 MOTHER'S MA FIRST	IDEN NAA	WIDDLE		LAST	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR	ITY NO	17 INFORMANT				adena,	Md.
	NO		215.01	2194	Thomas	E.	Freburger	853	2 Main	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	SED BY:	fine for (a), (b), and	100	Price	1	William E.		BETWEEN	MATE INTERVAL ONSET AND DEATH
	17149 IMMEDIA	ATE CAUSE (o)		105.05	_ / 000.					
	Canditions, if any, which	DUE IO, OI	R AS A CONSEQUEN	ACE OF					7000	
	gave rise to immediate cause 101, stating the	3 505 70 00	16 1 50115501151	105.05	THE STATE OF					
	underlying couse last	DUE 10, OI	R AS A CONSEQUEN	ICE OF						
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO T	HE TERMI	INAL DISEASE OR CON	OITION GIV	/EN IN PART 1/o	
O				9 1						
SATE OF	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH C	PERATIO	N WAS PERFORMED	D	20a AUTOPSY?		S, WERE FINDIN	
CERTIFICATION							YES NO	YE YE	YING CAUSES	NO [
CER	210. ACCIDENT WAS UNDERLYING	216 TIME O		YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, P	PART 1 OR PART 2)	
₹ S	OR CONTRIBUTING CAUSE OF D	EAIN		19						
WEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY EET, FACTORY, OFFICE, FAI	u erca	211 LOCATION		CITY OR TOW	r2	COUNTY	STATE
>	WHILE NOT WHILE AT WORK	(AI FIOME, SIK	EET, FACTORT, OFFICE, FAI	ewi, e i C. j			CIT OK 10 K	I	COUNT	SIAIE
	22a-1 certify that (I) (this has			5/	7.5 , 19	>	, to	171	19, 1	that (I) (we) last
1	saw the deceased alive a above, (1) (we) (did) (did)	n 5/30/		, 01	nd that in (my) (our)	opinion d	leath occurred on the do	te and hou	or and from the c	couses stated
	22b. SIGNATUTE		J desira		DEGREE	,	,		22c. DATE S	SIGNED ,
	18/100	Mun	w			IDING ICIAN	MEDICAL STAF		5	131/29
	22d. PHYSICIAN'S NAME TYPE	OR PRINT)	11000		22e ADDRESS		1			
	5/10	A11	1/105			-715			550.0	
23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE	23¢ N/	ME OF C	EMETERY OR CREM	ATORY	23d. LOCATION CITY OR TOWN		COUNTY	_SJA¥E
	Burial	6/2/7	79 G1	en H	laven Mei	m.	Glen Bu	rnie	AA	Mď.
24 F	UNERAL DIRECTOR		ADDRESS			25a. DATE		25b. RESSET	RAR'S SIC NATI	The de
lec	rge J. Gonce	4001	Ritchie	Hg.,	Baltimo	rell	N 5 1979	pury	7	

BP

TO HOSPITAL OR ATTENDING PHYSICIAN. The lo retained by the haspital or attending physic

DHMH - 16 50M 1/76 (VR A 15 (4)

1.4801 - 81 which the following sent mes states at the state of the The second of th ave and the second of the seco may be

death. Page 4

within 24 hours after

certificate be

es that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			-	0	1	0
7	Q	_	11	h	4	ď
- 1	J		0	-		_

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG	NO.	100	
	CEASED NAME FIRST	MIDDLE	1 LAST	. 1	20 DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
(TYPE	MARY	HNW	(TALLE	MHER		53	079	AM
3 SE	X 4.R	PACE	5. DATE OF E	BIRTH	6 AGE (IN YEARS LAST	-		HOURS MIN
		WHITE	4.	21 188	5 94	YRS.		HOURS MIN
70 B	IRTHPLACE STATE OR FOREIGN 76. (CITIZEN OF WHAT COU	MARRIED E	/	9 BAJTIMORE CIT	OR COUNTY	OF DEATH	MD.
10,C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL,		THER INSTITUTION	120 USUAL OCCUP			BUSINESS OR
H	WWApolis 9	28 WEL	68 1-1U	E-	HOME	ST OF WORKING LIFE)	BUSEU	ifE
USU.	AL RESIDENCE (IF NURSING HOME OR ON-	PER INSTITUTION, GIVERESIDENT VSc. CITY O	R TOWN	d. INSIDE CITY LIMIT:	5? 13e. SPEET ADDRES	VELLS	AUK	5
14. F/	ATHER'S NAME MIDD	LE A	ST PRI'S 15	MOTHER'S MAIDEN	MIDDLI		LAST	
	WAS DELEASED EVER IN U.S. ARMED		2 0851 -	INFORMANT G	Poll Ag HEP	DRESS	= 13	
	18 CAUSE OF DEATH (Enter only o	ne cause per line tor (n)	thi and is	001110_0	HOW THE RE		APPROXIM BETWEEN ON	ATE INTERVAL
	PART I. DEATH WAS CAUSED BY	CODA	bred an	Mia.			mag	l'att.
	IMMEDIATE C		~ ~ ~	20 7 24			THE SEA	A GAP
	7407	DUE TO, OR AS A COM	SEQUENCE OF	Daninia -			11/2	a .
	Conditions, if any, which gove rise to immediate	(b) 00 C	sugare.	council.			7	
	couse (a), stating the underlying couse last	DUE TO, OR AS A CON	ISEQUENCE OF				0	
	onderlying coose lost	(c)				*		
NO	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTION	IG TO DEATH BUT NO	OT RELATED TO THE	ERMINAL DISEASE OR CO	ONDITION GIVE	N IN PART 110	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION V	VAS PERFORMED	200_AUTOPSY?		WERE FINDING	
TIFE					YES NO			NO [
CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	2	ic. HOW INJURY OC	CURRED (ENTER NATURE OF I	NJURY IN ITEM 18, PAI	RT 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONT	H DAY YEAR					
MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	2	If. LOCATION				
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR	TOWN	COUNTY	STATE
			2500	1	30	Mau ?.	74	not (I) (see) lost
	22a.1 certify that (I) (this haspital)	30 May	70	. 17	, 10	-	7	
	sow the deceased alive on		_19, and t	hat in (my) (aar) op i	nion death occurred on th	dote and hour	and from the co	ouses stated
	sow the deceased alive on above, (I) (we) (did) (did not) vi		- Under the same of the same o	hat in (my) (aar) apı JREE	nion death accurred on th	e date and hour	and from the co	
	obove, (I) (we) (did) (did not) vi		- Under the same of the same o	ATTENDIN	G _ MEDICAL _ S	TAFF		
	obove, (I) (we) (did) (did not) vi	ew the body often defin	tg. Mi	GREE	G _ MEDICAL _ S	TAFF		
	obove, (I) (we) (did) (did not) vi 22b. SIGNATURE	ew the body often defin	tg. Mi	ATTENDIN	MEDICAL S IN DEPRECTOR PHY	TAFF		
230	Obove, (I) (we) (did) (did not) vi 22b. SIGNATURE 22p. PHYSICIAN'S NAME (TYPE OF PRI	ew the body often defin	g. M.	ATTENDIN	MEDICAL S INTERECTOR PHY	TAFF		
230	Obove, (I) (we) (did) (did not) vi 22b. SIGNATURE 22pl. PHYSICIAN'S NAME (TYPE OF PRII	Close CHOA	g. M.	D. ATTENDIN PHYSICIA	MEDICAL S IN INFRECTOR PHY	TAFF		

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or ather traumatic event, the medical exam

IMPORTANT: If them 21 is marked ar Item 18 shaws any

84801-85

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

	7	9	 1	0	6	4	9
-	. 6	0		-	-		

1		REGISTRAR			CLKIII	ICAIL OF DEATH		REG. NO	0.			
		CEASED NAME FIRST	M	IDDLE	1	AST	3	DATE OF DEATH	MONTH [DAY YEAR	1) HOU	UR
	(1112	ORPha	Margar	et o	MEC	RO.	- 1		5/ 1	1/79	8	PM
	3 SEX		4 RACE		5. DATE C		6	AGE (IN YEARS LAST BIRT	(HDAY)	IF UNDER I YEAR	IF UNDE	R 24 HRS
1		7	W		MONTH	- 22 - 00	-,	19	7	MONTHS DAYS	HOURS	MIN
	7a. BIF	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF V	VHAT COUNTRY?	8		- 9	BALTIMORE CITY O	R COUNTY	OF DEATH	1	
6	co	Penna.	USA		MARRIE	D NEVER MARRIED		AACo				MD.
	10 CI				G HOME C	OR OTHER INSTITUTION	1	20 USUAL OCCUPATION	ON	12b. KIND (
)	Bro	ooklyn		Lane Nun		Home	(housewife	F WORKING LIF	FE) INDUSTRY		
	USUA 130 S	700 0001	OTHER INSTITUTION,	13c CITY OR TOWN		138 INSIDE CITY LIMITS	5? 1:	3e. STREET ADDRESS	J T	160		
2	14 54	Md AACo		Brooklyn		YES KK NO	121215	Hammon	d Lan	е		
6	1.50%	ther's NAME eorge Krause	VIDDIE	LAST		Elizabeth		WIDDLE		Ope	ST L	
Ĭ		AS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS			
		10	WAR OR DATES	21434343	9	Robert D.	Ge	orge, Sever	n, Md			
i		18 CAUSE OF DEATH Enter and	y ane cause per l	ine fue to the and	Deut-					APPRO)	XIMATE INTE	RVAL
		PART I. DEATH WAS CAUSED	S BY: E CAUSE (a)	Profile	14	us Coma						
		33111		AS A CONSEQUE	NICE OF A	. 0						
		Conditions, if any, which	(ib)	8.6	rel	holus						
		gave rise to immediate cause (a), stating the	DUE TO OR	AS & CONSEQUE	NICE OF			- N. W.				
		underlying couse lost	(10, OK	A-S(1/	0		4			N. A.		
		PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	ERMIN	IAL DISEASE OR CON	DITION GIV	EN IN PART 1	0	
	NO O											
	CERTIFICATION	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED		20g AUTOPSY?		YING CAUSES		
	TIFE							YES NO		S [NO [
1	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY A. MONTH DA	Y YEAR	21c. HOW INJURY OCC	CURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18, P.	ART I OR PART 2)	17.59	
	AL	OR CONTRIBUTING CAUSE OF DEA: (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.A		19							
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C			21f. LOCATION		CITY OR TOW	Whi	COUNTY		TATE
	×	WHILE NOT WHILE AT WORK	(AT BOME, SIKE	ET, FACTORY, OFFICE, FA	RM, ETC.)	JIREE		CITORION		COUNT	3	IAIE
		220 I certify that (I) (this haspit	al) attended the	deceased from	tun	, 19.7	8	, to Man	1	19_79	that (1) (lost (em)
		saw the deceased alive on above, (I) (we) (did) (did not	view the body of	ofter death	9 , or	that in (my) (***) apin	nion de	ath accurred on $oldsymbol{G}_{e}$ do	ste and hou	r and from the	couses st	oted
		226 SKSNATURE				DEGREE				22c. DATE	SIGNED	
	-	Mulleur		>		ATTENDING PHYSICIAN	GN	MEDICAL STAF	IAN 🗆	5-	1-1	9
		THE PHYSIC TANK (TYPE OR	PRINT)	(F)		22e ADDRESS	,	,	, /	1. 1		
		Jeeni V	ason			Hammen ds	5 6	AND Mig	lieal	Censte,	C	
	23a. Bi	URIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATO	RY	23d. LOCATION CITY OR TOWN		COUNTY	51	TATE
	Bu	urial	5-4-79	Gle	en Ha				nie A	ACo Md	100	
	24 FU	NERAL DIRECTOR	00	ADJORESS	1.4.	21. 30 /250.	DATER		25b. REGIS	RAR'S SIGNA	TURE	,
	JH.	Medesty Fitt.	12/6	engles 14	NUA	POPIO A EV	MA	Y 2 1979	-	17/1		7

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-trainsit permit. Then please remove carbon papers. Pages I and 2 should be file with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal. When the Mental Hygiene prior to burial, cremotion, ar removal. If them 21 is marked at Item 18 shows any injury, at ather traumatic event, the medical examiner must be no

medical exam

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN LIFM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNER PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR VERY FORM PM. 3. RETAIN PAGE 5 FOR VERY PORNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILEO, WITH AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTIAL HOLING. DIVISION OF VITAL RECORDS, 301 WITH BALTHAND MENTIAL HOLING. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

28

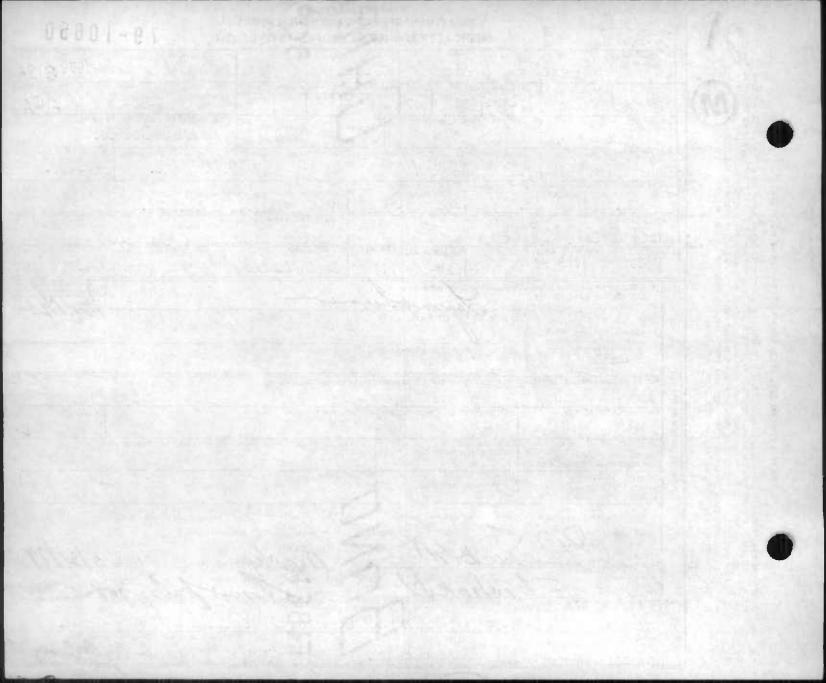
FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PEG	7	9	-	1	0	6	5	0

		EASED NAME OR PRINT)		verly		vie	Gie	hm		20. DATE KNOWN OF ESTI- DEATH MATED	5-3	DAY YEAR 26. HOUR 30-1979 4:154
1	. SEX	Female	4. RACE	5 DAT	E OF BIRTH	YEAR LAST BIE	NYEARS IF		NDER 24 HRS.	2c. DATE PRONOUNCED DEAD	5-30-79	DAY YEAR 2d. HOUR
7	7a. BIF	THPLACE (5) WYOM	ing		USA		8. MAI	RRIED NEVER A	VORCED	Anna An	undel C	Y OF DEATH
0	S	hady S	ide	13	12 Spri	ice St.	55)	THER INSTITUTION	12a US FOR	USAVING RE		126. KIND OF BUSINESS OR LIBUSTRY USGOV.
	USUA 130. ST			COUNTY AACO.	INSTITUTION, GIVE	136 CITY OR TOW Shady Sa		13d. INSIDE CITY LIM		REET ADDRESS 2 Spruce	St.	
20	Ruc	THER'S NAME TOLY	Carl		Giehm	LAST		15. MOTHER'S A FIRST Marion	Kath	leen	Cransto	LAST N
1	16a W (YE	YNO CHINKNO	DEVER IN L	950 4197		520-30-3		Edith 1		ADD!	Same o	us 13
	NO	gave ri cause (a lying cou	ns, if ony, se to imr stating the use lost.	nediote under-	(b) DUE TO, OR A	S A CONSEQUEN	CE OF	EASE OR CONDITION GIVE	N IN PART E (a).			mouns
2	CERTIFICATION	190 DATE OF	OPERATIO	N	19b. CONDITI	ON FOR WHICH C	PERATION	WAS PERFORMED	?	1 8 8		20. AUTOPSY? YES NO P
3	ICAL CERT	210 EXTERNA UNDERLYING CONTRIBUTI	OR	VAS USE OF DEATH	21b. TIME OF HOUR A.M. P.M.	MONTH DAY	(EAR	HOW INJURY OCC	CURRED (ENTER	R NATURE OF INJURY IN IT	EM 18 PART 1 OR PAR	RT 2)
	MEDI	21d INJURY O WHILE AT WORK				F INJURY (AT HOM PRY, FARM, ETC.)	ε, 211.	LOCATION		CITY OR TOWN	COU	UNTY STATE
.2		22a. I certi death result ACTUAL THATUME EXAMINER'S (TYPE OR PRI	ed from	Notoral caus		Accident Accident	an Aut	apsy , Ins		Inquiry	DATE	5/31/19
	23a. Bl	PECIFY)		OVAL 23b. DA	1-79			OR CREMATORY. Cremator	u Se	uitland	PG	Md.
		Cremat INERAL DIRECT NAME Hardes	TOR	reral H	ADDRESS	Annapolis		250. [DATE REC'D. E		REGISTRAR'S S	

DHMH · 17 (VR A15 ME (5)) 15M 7/76



TENDING PHYSICIAN: The lo attending physician.

rely filled in by the funeral director, page 3 2 shauld be filed within 72 hours afterlideath

the attending physician and camplete remave carbonpapers. Pages 1 and 2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remave carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. After this certificate has been signed by easthe burial-transit permit. Then please

IMPORTANT: If Item 21 is marked ar Item 18 shows any

injury, ar other traumatic event, the medical exam

notified at ance.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

79-106	5	5	65
--------	---	---	----

l	1-	FOR STATE REGISTRAR	DEPAI		ICATE OF DEATH	IENE REG, N	7 9	-10	651
		CEASED NAME FIRST OR PRINT) Thomas	HENRY	Ġ	AST / CMM	20. DATE OF DEATH	MONTH DAY	YEAR 979	26. HOUR 743
ŀ	3. SE)		Negro	5 DATE C	OF BIRTH H DAY YEAR OV 17 1904	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
Ì		RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTR	RY? 8	7	9 BALTIMORE CITY O		FDEATH	
l	0	nne Arundel	USA	WIDOWE		Anne Al	Runde	/	MD.
	10 CI	EVERNA PARK	1. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR 21 - White		DR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF		126 KIND OF	PRETING
ı	USUA 130 S	AL RESIDENCE (IF NURSING HOME OR OF LATE 13b COUNT ARY AND AND	Y JI3c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	6 0 1	007	10000
I	14 FA	1 /	DOLE Glenr	7	13. MOTHER'S MAIDEN NAM	AE MIDDLE	Je	nn/ng	
			NAR OR DATES) 166 SOCIAL SE 220-0	07-8691	MARTA A Glegi	in 3/whil	4 11	Saverno	PAHRMA
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY	OCA RO	dial Infare	tion		-	MATE INTERVAL DISET AND DEATH
l		Canditians, if any, which	Due to, or as a consection (b) ARTERIO	SCLETATION	CARdIOVA	scalar dise	950	9 %	'EARS
		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	QUENCE OF				1	
I	NOI	Mystardist	infarctor	13 -	Sep 1973	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(a	11
	CERTIFICATION	190 DATE OF OPERATION	. 19b. CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	VERE FINDIN NG CAUSES	OF DEATH?
1	EDICAL CER	2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	I OR PART 2)	
1	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
١		22a.1 certify that (1) (this hospital saw the deceased alive on abave, (1) (we) (did) (did not)	april 25 19	715	nd that in (my) (aur) opinion d	to May) 19 ate and havr a	1	that (I) (wee) last causes stated
		22b. SIGNATURE C. Cul	Ilis MD			MEDICAL STA	FF CIAN 🔲	8 M	SIGNED 19
		7.C. CULLY	KINT)		7-Aiggs Ave	Severna	DARK,	MARY	land
	23a B	URIAL, CREMATION, REMOVAL DECIFY) URIAL		SBURY	EMETERY OR CREMATORY L'OWN NECK CEME	23d LOCATION CITY OF TOWN Severna		Nary	STATE Land

BP.

retained by the hospital or

TO HOSPITAL

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR WILLIAM

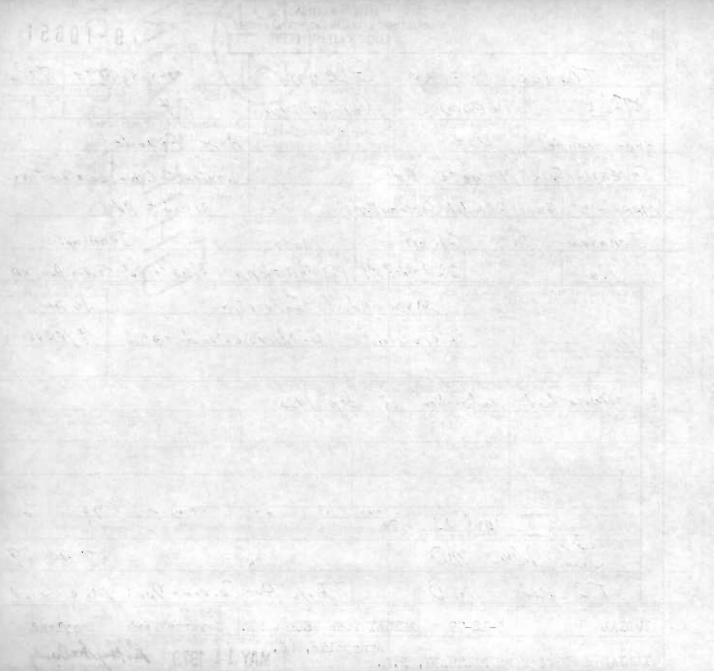
REESE

ADDRESS

Annapolis, Md. DATE REC'D.

CEME. Severna

Park REGISTRAR 256. REGISTRAR'S SIGNATURE







nding physician and campletely filled in by the carban papers. Pages 1 and 2 shauld be filed.

in signed by the attending physician. Then please remove carban papers. P

injury, ar other traumatic event, the medical

should be detached for use as the burial-transit permit. Then please remave carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or ather traumatic event, if

. D (TY	EC PE C	S1 RE	OR FAT GI	֡
S		e	m	
o. M	BIR	TH	PLA TRY) Y	
			N	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

10	7	9	-	1	0	6	5	25	•	T	

	REGISTRAR		EKINICALE OF DEATH	REG. NO.	0.5.1.
	1. DECEASED NAME FIRST NORMA	(nmn)	GOCHNAUER	MAY 30,	1979 26 HOUR 4:05A
	3 SEX 4. RA		DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
		White 3	June 23,1891	87 YRS	
Ġ	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	TT C A	MARRIED NEVER MARRIED O	ANNE ARUNDE	
l	GLEN BURNIE	NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR VORTH ARUNDEL	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker	12b. KIND OF BUSINESS OR INDUSTRY Own Home
5	USUAL RESIDENCE (IF NURSING HOME OR OTHE 130 STATE 136 COUNTY A.A.	RINSTITUTION GIVE RESIDENCE BEFORE ADA 136 CITY OR TOWN MILLERS 130	VII GES NO K	310 Moncton	Court
8	William MIDDE	Burke	Ella	WIDDIE	Germundt
	160 WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) (IF YES, FIVE WAR				ames as #13 rand daughter)
	underlying couse lost.	DUE TO, OR AS A GONSEOUENC	ATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 206. IF Y	GIVEN IN PART 110 VES, WERE FINDINGS USED THYING CAUSES OF DEATH? YES NO NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM I	
	220.1 certify that (1) (this hospital) of saw the deceased alive on above. (1) (we) (did) (did not) vie 276 SIGNATURE	19	, 19	, MEDICAL STAFF	, 19, that (I) (we) last lour and from the causes stated 22c DATE SIGNED
-	22dAPHYSICIAN'S NAME (TYPE OR PRIN RECEP EROL,	м. D.	22e ADDRESS 325 GLEN	HOSPITAL DRIV BURNIE, MARY	VE SUITE 103 YLAND 21061
	SPECIEV\0	2, 1979 Par	KWOOD Cem.	Parkville Ba	county STATE
	Singleton Funera	1 Home, GlenBu	90.037	E REC'D. BY REGISTRAR 256 EG	STRAR'S SIGNATURE

Singleton Funeral Home, GlenBurnie, Md.

DHMH-16 50M 7/77 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

т.е. 2001-87			
MAX 30, 1979 4:05	M.B. GOCHMANER	n) AMRON	
	onne 23,1391	tide	Totalo
VINE VEHICE COUNTA		2.9	Maryland
omost ovo representati	H ARUNDEL HOSPITAL	7904	GEEN BURN
310 noncent Court	villeraville		buslyns
	Hucke Ella		meltels.
Cis as separ A. Staples(grand daming	2250703480 10re. Lynda		
	La regional (Legisland)		

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the

IMPORTANT: If Hem 21 is marked ar Item 18 shows any

natified at ance.

A.	FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	_	1	0	6	5	3
---	---	---	---	---	---	---	---

4	REGISTRAR		CEKIIF	ICATE OF DEATH	REG. NO	, 13	10000	
1	1. DECEASED NAME FIRST	WIDDLE	10	AST	2a. DATE OF DEATH	AONTH DAY	YEAR 25 HOUR	_
1	SIA	VKO	5	Sheff		5/25/7	19 1194	M
ı	3. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH		RIYEAR IF UNDER 24 HRS	
1	Male	white	MONTH 8-	51894	84	MONTHS YRS.	DAYS HOURS MIN	
J		76 CITIZEN OF WHAT COU	INTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DE	ATH	Т
4	Yüğöslavia	USA	WIDOWE	1.4	Anne Aru	ndel Co.	M	D.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, 1		OR OTHER INSTITUTION	120. USUAL OCCUPATION	WORKING LIFE) IND	KIND OF BUSINESS OF	\$
	Annapolis	Anne Arunde	l General	l_Hospital	Baker		self-Emp.	
I	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 113 COUN			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			_
9		AACO. Gam	BHILLS	YES NO	2325 Patu:	xent Riv	er Rd.	
4	Goshe	MIDDLE U	NK	15 MOTHER'S MAIDEN NAM	WIDGIE	u	NK LAST	
	160 WAS DECEASED EVER IN U.S. AR. (YES, NO PSUNKNOWN) (IF YES, GIVE		2-6462	17 INFORMANT Richard Gos	heff Same	as 13		
9	18 CAUSE OF DEATH (Foter on	ly one cause per line for (a)	(b) and (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	=
1	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)		IA				CTWEEN ONSET AND DEATH	_
ł	491 IMMEDIAT	E CHOSE (G)						_
ı	Canditians, if any, which	DUE TO, OR AS A CON	COPID					
H	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON						-
1	underlying cause last.							
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR COND	ITION GIVEN IN	PART 1(a)	=
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING							
1	NO DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE	FINDINGS USED	_
4	TIE				YES NO	YES 🗌	NO [
1	21a. ACCIDENT WAS UNDERLYING	2	TH DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR	PART 2)	
	OR CONTRIBUTING CAUSE OF DEA	P.M.	19	TANK TO SERVICE				
1	OR CONTRIBUTING (CAUSE OF DEA) IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM STC	21f LOCATION STREET	CITY OR TOW	v cou	INTY STATE	
1	WHILE NOT WHILE AT WORK	(AT NOME, STREET, PACTORY,	OFFICE, PARM, ETC.)		CHI ON IOW		STATE	
1	220.1 certify that (1) (this haspit	(al) attended the deceased	fram_ 1577	, 19		. 19	ا (میر) (las بــــــــــــــــــــــــــــــــــــ	ıt
1	saw the deceased alive an abave, (I) (we) (and) (did no	1) view the bady after death	_19, or	nd that in (my) (eer) apinian d	leath accurred an the dat	e and hour and fr	ram the causes stated	
1	226 SIGNATURE	γ		DEGREE			C. DAJE SIGNED	_
1	SINO	them		ATTENDING PHYSICIAN	MEDICAL STAFF	AN D	5/25/29	
1	224 PHYSICIAN'S NAME (TYPE OF	PRINT)		22e ADDRESS				_
	SPWAT	KINS						
	230. BURIAL, CREMATION, REMOVAL	236. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE	
	Burial	5-28-79	Hillcre	st Cemetery	Annapol	is AACO	. Md.	

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

retained by the hospital ar attending physician.

24 FUNERAL DIRECTOR HUTTLESTY Funeral Home

ADDRESS Annapolis, Md.

١,		DEPART			YGIENE			
	REGISTRAR		EXAMINER'S	CERTIFICATE C		REG. NO. 9	-1065	4
		Edward Go	tt, Jr.	Gott	Or	E211-	30 197 9	26 HOUR
		S. DATE OF BIRTH MONTH DAY YEAR June 26 1916	6. AGE (IN YEARS IF U LAST BIRTHDAY) MON 62 YRS.	THE DAYS HOURS		ICED	DAY YEAR	2d HOUR
FO	REIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARE		IED 📙	A. CO	NTY OF DEATH	MD
91	lew BURNIE	(IF NOT IN SUCH FACILITY, GIVES	ward.	HERMSTITUTION /	FOR MOST OF WORK Plumber	PATION (TYPE OF WORK	OR INDUSTR	Y
13a. S	TATE 1136. COUNT	Y 113c. CITY	ORTOWN	13d INSIDE CITY LIMITS? YES NO [3	Rt. 14, I	ss Box 53-A,	21122	
14 F/	FIRST	d Gott, Sr	LAST	FIRST	MI		own)	
16a. V (Y		VAR OR DATES!		Charles G	ott/623 20	ADDRESS 09th St/Pa	asadena 21	1122
	PART I DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gove rise to immediate cause (a) stating the <u>under-</u> lying cause lost.	BY: E CAUSE (a) DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	ISEQUENCE OF	SE DE CANDITION GIVEN IN DA	The Prince		RESPONDANTE BESTON CHICAGO	AND DEATH
CATION	190 DATE OF OPERATION				KT T (0).		20. AUTOPSY?	
AL CERTIFIC	210 EXTERNAL CAUSE WAS UNDERLYING OR		DAY YEAR	OW INJURY OCCURRE	D LENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR I	YES D	NO
MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY	(AT HOME, 211. LC	OCATION STREET	CITY OR TOV	VN C	OUNTY	STATE
	27s. I certify that I took charge		ve, held on Autor	psy , Inspectio , Homicide ,				
	1. DEG (TYP) 3. SEX 70. BI FO M 10. CF GENTIFICATION 14. FA 160. V (YE	TOBERS PRINT) 3. SEX 4. RACE 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH OSUAL RESIDENCE (IF IN NURSING HOME OF 136. STATE Maryland 14. FATHER'S NAME FIRST JOHN Edwar 160. WAS DECEASED EVER IN U.S. ARM (YES, NO, OR UNKNOWN) 18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gove rise to immediate cause (a) stating the underlying couse lost. PART 2 OTNER SIGNIFICANT (ONOITIDINS OF 196. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 210. EXTERNAL CAUSE WAS UNDERLYING AT WORK AT WORK	REGISTRAR I. DECEASED NAME (TYPE OR PRINT) Edward GO: 3. SEX 4 RACE 5. DATE OF BIRTH MONTH DAY YEAR JUNE 26 1916 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S OSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF YES, GIVE WAR OR DATES) 14. FATHER'S NAME FIRST JOHN Edward Gott, Sr 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO, OR AS A CON Canditions, if any, which gove rise to immediate cause (a) stating the under- lying couse lost. 190. DATE OF OPERATION 190. CONDITION FOR 190. CONDITION FOR 190. CONDITION FOR 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 210. TIME OF INJURY HOUR A.M. MONTH P.M. 211. THE OF INJURY HOUR A.M. MONTH P.M. STREET, FACTORY, FARM, E STREET, FACTORY, FARM, E	TO STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT) 3. SEX 4. RACE 5. DATE OF BIRTH DAY YEAR JUND 26 1916 62 YRS. 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARY Jand 10. CITY OR TOWN OF DEATH WILLOW MARY JAND 10. CITY OR TOWN OF DEATH WILLOW MARY JAND 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MARY JAND 129. STATE MADDLE FIRST 136. COUNTY MARY JAND 14. FATHER'S NAME FIRST JOHN Edward 6. AGE IN YEARS IF U. MIST OF BIRTH MONTH DAY YEAR MONTH	To STATE REGISTRAR REDICAL EXAMINER'S CERTIFICATE OF REGISTRAR REGISTR	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRE REGISTRE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	FORE STATE NAME FOST STATE STATE	Total

BP. **DHMH-17**

(VR A15 ME (5)) 15M 7/77

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)
Burial 06/0 06/02/79 24. FUNERAL DIRECTOR

(TYPE OR PRINT)

234. NAME OF CEMETERY OR CREMATORY Crest Lawn Gardens

OCATION
CITYORTOWN
Howard County, Maryland

Walters Funeral Home/Pratt & Stricker Streets

1201	oun after deam rage 17 may be	in by the funeral director
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after determined a may be an attending physician.	OR. After this certificate has been signed by the ottending physician and completely lifted in by the funcial distributions are as the buriot-transit permit. Then please remove carbon papers. Fages I and 3 should be filled within 72 haus.
DIVISION OF VITAL RECORDS, 201	IENDING PHYSICIAN: The low requires the	OR. After this certificate has been signed I ir use as the burial-transit permit. Then plea

n	1			STATE OF MARYLAND		
- 4	1.	FOR STATE REGISTRAR	DEPARTM	EENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	REG. NO.	79-10655
	(TYPE	CEASED NAME FIRST MAKE		60THAEB	2R DATE OF DEATH MONTH	19 79 11 45 M
M	3. SE	F	RACE	S. DATE OF BIRTH MONTH DAY YEAR 12 17 05		FUNDER 1 YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN
Searce Searce	C	W. VA.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 BALTIMORE CITY OR COL	Arundel MD.
89 the	14	NNAPOLIS	IN NOT IN SUCH ACTUAL, NURSING IN NOT IN SUCH ACTUAL, GIVE STREET AND C + LUNGE THER INSTITUTION, GIVE RESIDENCE BEFORE	GENERAL HOSD,	12R USUAL OCCUPATION (TYP) OF WORK FOR MOST OF WORK	ING LIFE) HID USTRY
bin 24 ho bould be	13n S	TATE Md. 136 COUNTY	A. HANAD	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	Vait Street
complete	6	reorge Ei	LAST DOWN	er Louise	JANC ADDRESS	Reed
on ond on. Page he medic	(1	VAS DECEMED EVER IN U.S. ARM (IF YES, GIVE Y	- 2/2-26-2	2830 Terry (. Whiting	#13 APPROXIMATE INTERVAL BETWEEN ONSET AND REATH
ng physic ban paper removal		PART I. DEATH WAS CAUSED	CAUSE 10 TEROTE	& Encephal	itiz	2 twkz
he attendin emave carb emation, ar		Conditions, if any, which gove rise to immediate couse 101, stating the	DUE TO, OR AS A CONSEQUE	round My	holdin	2 Jun
quires that the signed by the hen please re a burial, creriury, ar ather		underlying cause last	(ict	EATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
an has been premit. If ene prior to	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200. IN C	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
SICIAN: The physicia physicia certificate Priol-transit ental Hygie term 18 sho	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF BITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	ED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)
DING PHYS or attendin After this c e as the bur alth and Me	MEDICAL	214 INJURY OCCURRED WHILE ONOT WHILE OF AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f LOCATION STREET	CITY OR YOWN	COUNTY STATE
KTENDII spital or CTOR. A d for use t of Healt		22a I certify that (I) (this haspite saw the deceased alive on a above, (I) (we) (did) (did not			eath occurred on the date and	19 7 , that (I) (we) lost d hour and from the causes stated
oy the horner RAL DIRE detached that Depth and the Depth a		226. SIGNATURE	Sliply	-	MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED 5-20-79
etained by 1 TO FUNERAL should be de with the State		270-RHYSICIAN'S NAME ITYPE OR	HIPCE	27e ADDRESS	rapole	2
BP	23R 5	GRIAL, CREMATION/REMOVAL SCIPY) 11 CMA/ON INITRAL DIRECTOR	5/21/79 Ce	CAY HILL EMELEY 230. DATE	23d JACATION ATTYOR TOWN REC'D. BY REGISTRAR 25b. RE	Pur P
DHMH-16 20M (VRA 15, 4) 7/7B	Ja	The M. TAYlor	1 SONS FINNS	polis, Pd.	MAY 2 4 1979	fertry Malrody

executed within 24 hours ofter

death certificate be

OR ATTENDING PHYSICIAN. The

TO HOSPITAL

etained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 houwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

With the store cept, or recent them 18 shows ony injury, or other troumptic event, the medical examination of the store of

be notified of once.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	9	_	1	0	6	5	6
	U		ě.	0	4	-	

ſ		REGISTRAR			CERTIFICATE OF DEATH			REG. N	0. 1 3	- 10	0 0 0
		EASED NAME	FIRST		AIDDLE	N	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	(1116	J	osef	1/	ames	1518	enlaw	5	1/61	179	13AM
3	3. SEX	0.1	4.	RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
ı		11		U		MONE	7-17-197	81	YRS	ONTHS DAYS	HOURS MIN
ı		RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
б		Titusvill	le Penr	na USA		WIDOWE		Anne Art	undel (Co.	MD,
	10. CI	TY OR TOWN OF DEA	TH 11		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON F WORKING LIFE)	126 KIND O	F BUSINESS OR
3		Annapolis	1		undel Ge	_	Hosp.	Physician	,		
	USUA 130 S	L RESIDENCE (IF NURS	ING HOME OF OT	THER INSTITUTION,	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
5		Md.	A.A.	_	Shady S		YES NOX	4913 Hine	Br.		
	14. FA	THER'S NAME	AID	DDLE	LAST		15 MOTHER'S MAIDEN NA.	ME	1	241	
Ż		Frederick	To Table		Green	law	Mary	mosec .		McCafi	frey
		AS DECEASED EVER	IN U.S. ARME	ED FORCES?	166 SOCIAL SECU	IRITY NO	17. INFORMANT	ADDRE	SS	100	
	,	no	1.11	10	579-60-3	208	Helen Greenla	awn same	as 13	3 e.	
4		18 CAUSE OF DEAT	H (Enter only	ane cause per	line for (a), (b), an	dicul	. 1 1			BETWEEN	MATE INTERVAL
	93	PART I. DEATH W	MMEDIATE		oNge sti	ve /	tent 15	7:LVRe		3 .	170
1		4280			R AS A CONSEQUE	ENCE OF		PART T			
1	Jun	Conditions, if ony,	which	(b)	. 45 4 CONSEQUE	11000					
		gave rise to imr		DUE TO OF	R AS A CONSEQUE	ENCE OF				LA A	
		underlying cause		(6)	. A3 A CONSCOOL	LIVEL OI					
1		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							V IN PART 110	0	
1	CERTIFICATION										
3	CAT	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
7	TIFI							YES NO	YES		NO [
ı	CER	210. ACCIDENT WAS UNI		216 TIME O	FINJURY M. MONTH DA	AV YEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PAR	T 1 OR PART 2]	
1	CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		P./		19					
1	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE	OF INJURY EET, FACTORY, OFFICE, F	ADM ETC.)	21f LOCATION	CITY OR TOV	/N	COUNTY	STATE
	2	AT WORK NOT WE	HILE D	TAT HOME, SIX	ELI, INCIONI, OFFICE, I	MANY, CIC.,					
-		22a.1 certify that (1)	(this hospital			MI	19.77	, to _MAY 1	5	79.	that (1) (we) last
8		saw the decease above, (1) (was	ed alive an_	view the body		79 or	that in (my) (oo) o pinian	death accurred on the de	ate and hour o	and from the	causes stated
		226. SIGNATURE	/	3	1-1	011	DEGREE	1	11-11	22c DATE	SIGNED
		H.	arry	11	den fold	/	ATTENDING PHYSICIAN	MEDICAL STAI	IAN	5/1	6/79
i		22d. PHYSICIAN'S NA	AME TYPE CHI	4	1		22e ADDRESS	/ /	2	867	
		MARVE	, 3	57.	EINFEA.	9) Hroys	iole 190	20	16/	
	23a B	URIAL, CREMATIO	REMOVAL	23h DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	c	OUNTY	STATE
	,,	Burial		5/18/7	9 F	Line	olm Maugola	Dwant	wood M	id.	
		INERAL DIRECTOR			ADDRESS		7250 DAT	A STATE OF THE STA	256. REGISTR	/	
		Hardesty F	uneral	Home	12 Ridge	ely Av	re. Ann. Nd. M	AY 1 6 1979	the	itra M	Blready

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

Tought Tought The Later of the second of the contract of the And the state of the second of et et but the transfer fait the first Policy Property and the second second

- 1gi.

OR ATTENDING PHYSICIAN. The lo etained by the haspital ar attending physicia

hed by the attending physician and completely filled in by the funeral director please remove carban papers. Pages 1 and 2 shauld be filed within 72 hours at

should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, th

natified at ance.

FOR - STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-1065pgr

Ī	DECEASED NAME (TYPE OR PRINT)	FIRST	H.		RIFFIN		MONTH DAY	YEAR	26 HOUR P	
3	female		white	5. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN	
	BIRTHPLACE (STATE OF COUNTRY) Marylan	i	U.S.	MARRIEI		9 BALTIMORE CITY O	rundel	Coun	- ' MD.	
		Glen Burnie The properties of the continuous								
1	Maryland	136 COUNTY	13c CITY OR TO	NWC	13d INSIDE CITY LIMITS?		borne	Rd.(:	21122)	
4	4 FATHER'S NAME FIRST GEO1 60 WAS DECEASED EV		Hobbs	CLIRITY NO	15. MOTHER'S MAIDEN NA FIRST Flore	WIDDLE		Hami	lton	
	(YES, NO OR UNKNOWN)	(IF YES, GIVE W	ar or dates) 212 36	5144	Paul J. G	riffin (sa	ame as		/	
	18 CAUSE OF DE PART I. DE ATH	IMMEDIATE (any, which immediate	11/1/1/1/1/	DUENCE OF	materis			APPROX BETWEEN	CIMATE INTERVAL ONSET AND DEATH	
			(c)	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 10	(a)	
1	NO 190 DATE OF OPE	190 DATE OF OPERATION 196 CONDITION FOR WHICH O			N WAS PERFORMED	206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO			S OF DEATH?	
	OR COLUMNIA INC.	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	JRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)				
	21d INJURY OCC		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	WN	COUNTY	STATE	
	saw the dec above, (1) (w	220-1 certify that (I) (this haspital) attended the deceased fram								
		226. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR							SIGNED	
	SERGIO		EZ, MD.			Hospital I Burnie, N		#134 1061	1	
	230. BURIAL, CREMATIC (SPECIFY) Bur:		23b. DATE 23 5/11/79		emetery or crematory athedral Ce	23d LOCATION CITY OR TOWN Baltin	more, co	Mary	land	
	14. FUNERAL DIRECTOR	Gonce,	4001 Ritchi	e Hg.	, Balto.	TE REC'D. BY REGISTRAR	25b REGISTRA	R'S SIGNAT	TURE	

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been

09:8	May 7, 1979	RITTED	·H	MIRAN
		4-1,1-4	exite	
	annual Anna			lineign.
	1851 196 68	del Hospital	nus. nason	len Barnie
	eurodiate neg			
		1000	3.25	

The second of th

completely filled in by the Tureral s I and 2 shauld be filed in this 72

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-10658

REGISTRAR		CERT	TIFICATE OF DEATH	REG. NO.	9-10030			
1. DECEASED NAME FIRST	1	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
FTHE	L.	D	HARDESTY	5	1399 DIAM			
FEMALE	4 RACE WH		E OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 86 YR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN			
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)			RIED NEVER MARRIED	9 BALTIMORE CITY OR COUN				
Mt Harmony Md.	USA		WED S DIVORCED DIVORCED	Anne Arundel	126 KIND OF BUSINESS OR			
Annapolis	Anne	Arundel Gene	ral Hosp.	(TYPE OF WORK FOR MOST OF WORKING housewife				
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 130 COU		GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN Edgater	13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS 3685 Clydesd	ale Rd.			
Charles A.		Cox	15. MOTHER'S MAIDEN NA FIRST	MIDDLE	Catterton			
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) [1F YES, GI	E WAR OR DATES)	212-42-4324	Gilbert J.	HONGOSTU	Clydesdale Rd.			
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per	line for (0) (b), and 15		N ^	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OI	R AS A CONSEQUENCE O	shageal (Percivens				
PART 2 OTHER SIGNIFICANT Congle	/ 1.	UCCU TO DEATH B	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	CULLON TO			
COMOLO 190 DATE OF OPERATION (19b COND	ITION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO			
OR CONTRIBUTING CAUSE OF DE		M. MONTH DAY YE	216 HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2]			
I IF EITHER, NOTIFY MEDICAL EXAMINER 2) d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
saw the deter sed olive o	22a.1 certify that (1) this hospital) attended the deceased from 19 , 19 , to 19 , to 19 , that if (we) lost sed alive on 19 , that if (we) lost on the date and hour and from the causes stated							
Huy C	Som	row		MEDICAL STAFF DIRECTOR PHYSICIAN	5/13/79			
22d. PHY II TAN AME (TYPE	OR PRINT)		22e ADDRESS					
230 BURIAL, CREMATION, REMOVA	23b. DATE	23c. NAME O	F CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE			
Burial	5/15/	79 Davi	dsonville Metho	odist Davidso	onville Md.			
24. FUNERAL DIRECTOR		Al2ss Ridge	ly Ave.	IE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE			

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carbanpapers: F

TO HOSPITAL OR ATTENDING PHYSICIAN: The la etained by the haspital ar attending physician. should be detoched for use as the burial transit permit. Then please remove carbanpapes with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal

MPORTANT: If Hem 21 is marked or Item 18 shaws any

injury, or other traumatic event, the

DHMH - 16 50M 1/76 (VR A 15 (4))

Hardesty Funeral Home

Ann. Md

MAY 1 6 1979

teippy helperde

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physicians.
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, pashould be detached for use as the burial transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 hours after a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified of once.
3 5 3 18

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-	-	0	6	5	9	
CNIC						

1		REGISTRAR		REG. NO.				
		CEASED NAME FIRST JAME	ES ALBERT	HARE	20. DATE OF DEATH MONTH DAY 5 24	79 10:30 M		
	3 SE)	MALE	4 RACE WHITE	S. DATE OF BIRTH APRIL 11,1920	6 AGE (IN YEARS LAST BIRTHDAY) IF UMON	INDER LYEAR IF UNDER 24 HRS		
5	CC	RTHPLACE (STATE OR FOREIGN DUNTRY) IARYLAND	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF ANNE ARUNDEL	DEATH MD.		
4	GL		NORTH ARUNDEL	ADD HOSPITAL		126. KIND OF BUSINESS OR INDUSTRY & CO. ER STEWARTS		
F	130 S MA	RYLAND ANNE	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13C CITY OR TOW CARUNDEL GLENB	URN II. YES ON NO	130. STREET ADDRESS 1717 SAUNDERS	WAY		
28		UNKNOWN	HARE LAST	15 MOTHER'S MAIDEN NAA	UNKNOWN	LAST		
1	16s. W	VAS DECEASED EVER IN U.S. AR. VES, NO OR UNKNOWN) (IF YES, GIVE N	E WAR OR DATES)		V. HARE (WIFE)	AS # 13		
9	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 1		Hypertention 1200 ANTOPSY? 20b. IF YES, W	IN PART I (o · VERE FINDINGS USED IG CAUSES OF DEATH?		
9	MEDICAL CERT	sow the deceased alive on	ATH HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F. ital) attended the deceased from 19 July 19 J	PAR 19 211 LOCATION STREET 19 19 19 19 19 19 19 19 19 19 19 19 19	CITY OR TOWN CITY OR TOWN depth occurred on the date and hour or MEDICAL STAFF DEFRECTOR PHYSICIAN	COUNTY STATE 7 7 , that (I) (we) lost		
	230. B	JUSE. BURIAL, CREMATION, REMOVAL SPECIFY)	. 23b. DATE 23c. f	NAME OF CEMETERY OR CREMATORY	23d LOCATION	unty State		
	24 FU	BURIAL UNERAL DIRECTOR SINGLETON FO	des ADDRESS	EDAR HILL CEMETE 250. DATE 1en Burnie, MD M		A. MD.		

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

S 24 70 40:30	HARE	TREGIA 2	MAL
ANDRES THE A		11.75	
	_AT1920H .	NORTH APUNDE.	a tique nape
(aux) ren 9 m	14 A . CM 5 X6.	co.ors log 7	
Private con	al Say trot	Series .	
Set of most of their contraction	comptett.		
Land the second of			10
	Aug 1. A	Y	
Against May 20 509		11500	
OF THAT	DAUGA - DE	HELIAT IN	3006
	un etemu sel	5 - 5 - 5 - 5	121112

requires that the death certificate be executed within 24 hours offer

TTENDING PHYSICIAN: The low

TO HOSPITAL

STATE OF MARYLAND

l	1	FOR	DEPAR	TMENT OF HEA	LTH AND MENT	AL HYGIENE				000
ľ	1 -	STATE REGISTRAR		CERTIFIC	ATE OF DEATH	ł	REG. NO	, 19	- 10	660
Ì		CEASED NAME FIRST	MIDDLE	LAS	1	2e DA		YAD HTMON	YEAR 21	h. HOUR
I	1	Murtho	i Diane	HE	NDFR.	SOM		5 13	179	2 0 M
Ì	3. SE)	X	4 RACE	5 DATE OF	BIRTH	6 AGE	(IN YEARS LAST BIRTH	,		F UNGER 24 HRS
ı		Fema.le	Caucasian	Nonth Vec.	15 194	12	36	YRS	THS DAYS H	HOURS MIN
Ì	7e. B1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y2 8		1 841	TIMORE CITY OF		DEATH	
1	-	Md	U.S.A.	WIDOWED	NEVER MARRIE		une 1	RINT	01 (AD MD.
Ì		TY OR TOWN OF DEATH	17. NAME OF HOSPITAL, NUR	SING HOME OR	house	N 120 US	UAL OCCUPATION		176. KIND OF	
1	U	unapstis	(IF NOT IN SUCH FACILITY, GIVE STR	NDel (Grewer		puter 1	ech.	Comput	00
Į	USU/	AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEF		3d. INSIDE CITY LIN	NTS? 130. ST	REET ADDRESS	0.1		
1			7 1 7 (7)	0 11	YES NO	844	6 Green	van Rd.		
I	14. FA	ATHER'S NAME	MIDDLE , LAST	1	MOTHER'S MAID	ENNAME	A MIDDLE	1	. LAST	
į		George Henry	/ / /	Jr.	Mya	tha	A.	Yewel		
I		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO. 1	7 INFORMANT		ADDRE	SS		
		No	220-38.	-9430	Donald E.	Hende	won so	ame as	13	
Ĭ		18 CAUSE OF DEATH (Enter on	ly one couse per line for 199, 191,	ondie	7	1//			APPROXIMA BETWEEN ONS	SET AND DEATH
ı		PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (0)	+a5/	atre	Me	anon	w		7.1
ı		1729	DUE TO, OR AS A CONSEC	DUENCE OF						
		Conditions, if ony, which	(b)							
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	UENCE OF						
		underlying cause lost	(c)							
	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT N	OT RELATED TO TH	E TERMINAL D	SEASE OR COND	ITION GIVEN	IN PART 1(0)	
	CERTIFICATION									
١	ICA	19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	200	AUTOPSY?	106. IF YES, W	VERE FINDING VG CAUSES OF	S USED F DEATH?
4	RTIF					YES		YES [NO []
I		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY C	OCCURRED (EN	TER NATURE OF INJUR	Y IN ITEM 18, PART	I OR PART 2)	
l	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19						
1	MED	214 INJURY OCCURRED WHILE NOT WHILE	21# PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.]	III. LOCATION STREET		CITY OF TOW	N	COUNTY	STATE
1		AT WORK				77	-	7	79	
ł		12a I certify this III up to to	toll allended the deceased from	71101 11	that in (impl. (our)	10	ccurred on the da	10.	the the	as (1) (we) last
ł		/obov 19 Me) Idid Kaid no	the body alter/death	7 11	GREE	Brings dedin (i	covered on the od	re and neur as	22L DATE SK	
I		(Duold	DI World	1	ATTEND			F _	5-31	1,79
4	- 1	224 PHYSICIAN'S NAME ITYPE O	1 marg	non	77. ADDRESS	IAN DIREC	TOR PHYSIC	IAN	1001	
ı			4			111		Λ		M
1	22: 0		Alexander	. NAME OF CO.			LOCATION	o. Anna	polis,	IIId.
	230 B	SURIAL, CREMATION, REMOVAL	236 DATE 23 6/2/1979	NAME OF CEA	AETERY OR CREMA	7) / 1/3d	CITY OR TOWN	Aco	UNITY A	STATE
1	24 FI	JURUAL JNERAL DIRECTOR	10/2/1//	Hen Hay		So DATE REC'D	BY REGISTRAR	TINE TO STRAI	SSIGNATUR	ner ma.
	M	MAME HILLE H Max	untain & Tick N	ock Rds		JUN 1	1979	profor	y Mely	sody
4	1.16	- Currie 1 . 11 amor	20000 C 120(1.		~//)		.0	-		

DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and completely filled in by the funeral d should be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, or other troumatic event, the

IMPORTANT If Hem 21 is marked or Hem 18 shows any

, ·

the second of th

37 300

. .

To the state of

.

1 6

Q.E.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

		0	0	-
79-	1 1	h	h	
1 3 -	1		V	. 1

MD

REGISTRAR			CERTIFICATE OF DEATH	
DECEASED NAME	Linda	MIDDLE	Henry	2e DATE OF
SEX F	4 RACE	V	S. DATE OF BIRTH	A AGE (IN YE

DEATH MONTH 2b. HOUR IF UNDER 24 HRS. ARS LAST BIRTHOAY DAYS HOURS

78. BIRTHPLACE ISTATE OF FOREIGN The CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED COUNTRY Penna. USA WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Anne Arundel Co 12e USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

REG. NO

Employee-A.A.

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Anne Arundel Hospital Annapolis. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 13c CITY OR TOWN 130 STATE 136 COUNTY

13e STREET ADDRESS 13d INSIDE CITY LIMITS? 1581 Crownsville YESK

Md. Anne Arunde. rownsville 14 FATHER'S NAME FIRST MIDDLE Worth mmor

15 MOTHER'S MAIDEN NAME LAST Hilda Hiddleson ADDRESS 17 INFORMANT

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 182-322-091 n/a no

Darrell L. Henry Same 13a-e

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to: Conditions, if ony, which gove rise to immediate (o), stoting underlying lost couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTO	PSY?	206. IF YES, WERE FIND	
	734 10 30 1			YES 🗌	ио 🛛	YES 🗌	NO 🗆
210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURRE	D (ENTER NATI	URE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR					
JIF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19					

21d. INJURY OCCURRED 21e PLACE OF INJURY

211 LOCATION CITY OR TOWN COUNTY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE

sow the deceased atwent 5 2/179 obove. (IV(ye) jeta) (did not) view the body after death 22b. SIGNATURE

22a. certify that (1) (this hospital) attended the deceased from

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | PHYSICIAN 22e ADDRESS

1	1-	. 1	Storage	-
16.	12	8 8	- 1	63
1 1	1 3		100	-1

STATE

23d. LOCATION STATE COUNTY

CERTIFICATION

232 NAME OF CEMETERY OR CREMATORY 236. DATE June Metropolitan

Crematory Alexandria

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH-16 20M

DIRECTOR

24 FUNERAL DIRECTOR est St., Annp.Md. Beall Funeral Home.

DEGREE

(VRA 15, 4) 7/78

ould be detor FUNERAL

MPORTANT

The state of the s

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

RFG.	7	0	1	n	6	6	7
REG.	NO.	J	1	U	U	U	-

	1 - 5	TATE		MED	ICAL EX	AMINE	R'S CERTII	ICATE O	F DEA	TH	REG. NO.	9 - 1	1066	2 0
		EASED NAM	E FIRST		MIDDLE		LAST			20. DATE KN	NOWN X	MONTH	DAY YEAR	R 26 HOUR
	(IIII	OK PKINI)	PAUL		A.	H	ILEMAN			DEATH W	ATED	5	2 19 7	
	3. SEX	ale	white	5. DATE OF BIRTH MONTH DAY 3 22	YEAR 51	28 YRS.	MONTHS DAYS			2c. DATE PRONOUNCI DEAD	ED	5 5	2 ₁₉ 7	9 P _M
5	FOR	THPLACE (SEIGN COUNTRY)		76. CITIZEN OF WHA	AT COUNTRY		MARRIED	NEVER MARR		Anne	Arund			MD.
0	10 CIT	Y OR TOWN	OF DEATH	11. NAME OF HOSP	ITAL, NURSI	NG HOME, C LADDRESS) ive	OR OTHER INST	TUTION	FORA	JAL OCCUPA MOST OF WORKIN		DF WORK	OR INDU:	BUSINESS STRY
ď	USUA 13e. ST		(IF IN NURSING HOME O	rother institution, give ry Arundel	residence before 13c. CITY OR Glen		ie yes [228	EET ADDRESS	ate 1	Dr.		
O		THER'S NAM	E	WIDDLE	Hilema		W	THER'S MAIDE ERST anita	EN NAME	MIDE		M	LAST	
1		AS DECEASE	DEVER IN U.S. ARA		166. SOCIAL	L SECURITY N	10. 17. INFO	DRMANT			ADDRESS			
		No			Unkn	own	Wa	nita	Hile	eman 4	06 S	. Du	rham	St.
			EATH WAS CAUSED	E CAUSE (a)	sphyxi	a n							APPROXIM BETWEEN ON	NATE INTERVAL
		Condition	ons, if any, which	DUE TO, OR A		OUENCE OF								
		gave r	ise to immediate) stating the under-	(D)	anging	OUT NOT OF								
		lying co		DUE TO, OR A	AS A CONSE	QUENCE OF								
		PART 2 OTHER S	IGNIFICANT CONDITIONS	(c)ONTRIBUTING TO OEATH BE	UT NOT RELATED	TO THE TERMINA	DISEASE DR COND	TION GIVEN IN PA	ART Luni					
	N													
	CERTIFICATION	190 DATE O	FOPERATION	19b. CONDITI	ION FOR WH	IICH OPERAT	ION WAS PERF	ORMED?					20. AUTOPS	SY?
1	TIFIC	TO STATE		DE SERVE									YES 🗱	ON D
3		210. EXTERN	AL CAUSE WAS	21b. TIME OF HOUR A.M.		AY YEAR	21c. HOW INJU		ED (ENTER)	NATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PART	2)	
	MEDICAL	CONTRIBUT	ING CAUSE OF [1 ,704.	MONTH 5	17	hanged					CILE.		
	MEDI	21d. INJURY WHILE		21e. PLACE O STREET, FACTO	ORY, FARM, ETC.)	AT HOME,	211. LOCATION	rgate 1		CITY OR TOWN		COUN	ITY	STATE
		AT WORK	NOT WHILE	nome	3			rgate	Dr. G	flen Bu	ırnıe,	Mary	Jiand	
		220. I cert	ify that I took charg	e of the remains desc	ribed above,	-	Autopsy X	Inspectio	on L.	Inquiry L	, ond	in my opir	non	
		deoth resul	ted from Natur	al causes	Accident L	, Suicio	de X Ho	micide	Undet	termined man	ner,			
		ACTUAL SIGNATURE	m	y	2	_	Ass	(SPECIFY) istant	MED	DICAL EXAMIN	VER	DATE	4/3/	79
2		EXAMINER'S (TYPE OR PR	INT) Ann	M. Dixon,			ADDRES	5		ı Stree	t			
	23a.Bl	PECIFY)	ATION, REMOVAL 2	3b. DATE			TERY OR CREM		-	OCATION ORTOWN	222.0	COUNT	Y	VISTATE C
	24. Ft	Crema INERAL DIRE		5/7/79	IGre	enmou	nt Cem	25a. DATE	REC'D. BY	Y RECHERAR	25b REQ	TRAMES SIG	SYNTHY .	u.
		NAME		ADDRESS				N N	I YAN	4 19/9	pu	the hand	77.400	7

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESS. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR 1 TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN AFTER DEPARTMENT OF HEALTH AND MENIAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PREST BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BP. DHMH - 17 (VR A15 ME (5)) 15M 7/76

Dabrowski

& Son

19-10862

EVEL & LYAM

death

HOSPITAL OR ATTENDING PHYSICIAN. The law retained by the haspital or attending physician.

ttor, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

80.0	_		0	0	0	0
7	9	-	U	b	b	-

1 -	FOR STATE REGISTRAR		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE REG. NO.	9-10663
	CEASED NAME FIRST	MIDDLE	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	HANFOR	D E. HINI	KEL	05	18 79 6 PM
3 SE	X 4 R	ACE 5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
/	MALE	WHITE/ 03	14 12	60 f	
	RTHPLACE STATE OR FOREIGN 76 (CITIZEN OF WHAT COUNTRY? 8.	NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
	OHIO	USH WIDOWE	D DIVORCED		NDEL CONT MD.
A	unapohis c	NAME OF HOSPITAL, NURSING HOME OF UP-NOT IN SUCH FACILITY GIVE STREET ADDRESS!	General	126 USUAL OCCUPATION THE OF WORK FOR A STOF WORKIN VAO HT DEOKE	126 KIND OF BUSINESS OR INDUSTRY
13a S	AL RESIDENCE (IF NURSING HOME OR OTH STATE 13b COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ACCITY OR TOWN AND APOLIS	131 INSIDE CITY LIMITS? YES NO [519 ROYAL	1 St.
14 F	PAWKLIN MICH	H. HINKEL	15 MOTHERS MIDEN NAM	E MIDDLE AD	HENBERGER
	VAS DECEASED EVER IN U.S. ARMED VES, NOORUNKNOWN) (IF YES, GIVE WAI		CELINE E	HINKEL	#13
		ne couse per line for (o), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY	AUSE (0) CARDIBUTSULUM	r mrst		Immening
	431-	DUE TO, OR AS A CONSEQUENCE OF			
	Conditions, if ony, which	(b) C V A			
	gove rise to immediate	101			
	couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF			
-41	DADI 2 OTHER SIGNIFICANT CON	(c)	101 051 1 150 TO THE TENUE		
z	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIT	NAL DISEASE OR CONDITION	GIVEN IN PART 110
5	A DAYS OF ODERAYION	In country to a william open the	Live as assessment	Too AUTORSVO Too IF	YES, WERE FINDINGS USED
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		RTIFYING CAUSES OF DEATH?
ERI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR			
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M 19 21e. PLACE OF INJURY	211 LOCATION		
MEC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	22a. I certify that (I) (this haspital)	ottended the deceased from 4027	. 19. 79	. to 14 Mny	
	sow the deceased alive on	600 pm 19 79 on	d that in (my) (our) apinion d	eath occurred on the date and	hour and from the causes stated
	above, (I) (we) (did) (did not) via 22b. SIGNATURE	ew the body offer deoffi.	DEGREE		22c. DATE SIGNED
	100/11/11		ATTENDING	MEDICAL STAFF	11/1/25

22e. ADDRESS

CANOL WIL BURIAL, CREMATION, REMOVAL

REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic

IMPORTANT: If Item 21 is marked or Item 18 shows any

HOLDER ST. SO. TO ST. SOLET ST. MARKEN MARKET MARKE SHAPE TO THE STREET OF STREET DO TE - BRIGH THE LIVE E. HINCRE - 18 PER Hotlor Started For Lineard or

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral dishould be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 the with the State Dept of Health and Mental Hygiene prior to burial, cremotion, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

retained by the hospital or attending physician.

must be notified at once.

medical examin

IMPORTANT: If Hem 21 is marked at Item 18 shows any injury, at other traumatic event, the

OR DEPARTMENT OF HEALTH AND MENTAL HYGIENE TATE CERTIFICATE OF DEATH CERTIFICATE OF DEATH

79-10664

	REGISTRAR		CERTII	ICATE OF DEATH	REG. NO.	
1 DE	CEASED NAME IRST	MIDDLE	- L	AST	28. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYP	E OR PRINT)	COLD	H	Tiple	5/1	179 535
0.00		4 RACE		110001	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
3. SE	Λ	4 RACE	5. DATE C	OAY YEAR		MONTHS DAYS HOURS MIN
1	VIALE	NEGRO	Aug	. 15 1935	43 YRS	
	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	-XX	BALTIMORE CITY OR COUNTY	OF DEATH
	COUNTRY)	TT C A		NEVER MARRIED	ANNE ARUNDEL C	CUNTY
	ARYLAND	U.S.A.	WIDOWE			MD,
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
AN	INAPOLIS	ANNE ARUNDEL		HOSPITAL		
USU	AL RESIDENCE (IF NURSING HOME OF					1
13a	STATE 136 COUN	TY 13c. CITY OI	RTOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
MA	RYIAND A.A	SHADY	ISIDE	YES NO	1338 Scott Town	Road
14_F	ATHER'S NAME FIRST	A MARIE		15. MOTHER'S MAIDEN N		
	BLAKE	M. H	IOLLAND	RUTH	WIDOLE	AMS
14- 1	WAS DECEASED EVER IN U.S. AR		L SECURITY NO.	17. INFORMANT		
	(YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	L SECORITI NO.		Si	hadyside, Md.
	NO		de liel	SHIRLEY A. H	IOLLAND 1338 Scott	Town Rd.
	18 CAUSE OF DEATH (Enter on	ly ane cause per line far (a).	fbi, and (c.).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W.	PART I. DEATH WAS CAUSE	DBY: CAAA	dissulm	want boil	0	2 whs.
	IMMEDIAT	TE CAUSE (a)		1 form	VV.V.	100,00
	15770	DUE TO, OR AS A CON	SEQUENCE OF	1 /	1 1	
	Canditians, if any, which	(16) my	reardy)	infection s	+ stock lung	Tirells
-	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF			_ 0
110	underlying cause last.	DOE TO, OR AS A COIN		1000 1000		18 with,
	BARY D. OTHER CICALITICANIA	10		NOT DELATED TO THE TER	RMINAL DISEASE OR CONDITION GIV	ENIBLE ADT 11
z	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTION	IG TO DEATH BUT		11.0	EN IN PART ITO
CERTIFICATION			melilen		nonomisity	WEDE CIVID WAS ALLES
\ \delta	190 DATE OF OPERATION	196. CONDITION FOR Y	WHICH OPERATION	N WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
1 8					YES NO YES	s 🕅 NO 🗆
7 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DEA					
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	211 LOCATION		
E E	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
1	WHILE NOT WHILE AT WORK				1 /	
	220.1 certify tha (1) (this hospi	tal) attended the deceased	from 9/-2	179 19		19, that (1))(we) last
	saw the deceased alive an	5/1/79	_19 an	d that if (my) (out) apinia	in death accurred on the date and have	r and from the causes stated
1	22b. SIGNATURE	it view the bady after death.		DEGREE		721: DATE SIGNED
	III. SIGNATURE		A /1 1	ATTENDING PHYSICIAN	MEDICAL STAFF	E Jack
	IN m ()	aserde	////	PHYSICIAN	DIRECTOR PHYSICIAN	5/4/79
7	224. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS	1	
	Illian A Cassid	1/		2510 R. V. 1	Pl Amazzalia	2/11/01
-	MW 4 (M)	Y '	T	10)10 Miva	(d. // nnapolls	01901
	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	Z3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	BURIAL	5-5-1979	HOLLAND	CEMETERY	Churchton	Maryland
24. F	UNERAL DIRECTOR		Annen-	750 Ma 250. D/	ATE REC'D. BY REGISTRAR 256, RESET	RAR'S SIC NATURE
TJT	ILLIAM REESE & S	ADDR	ess Amapo	olis, Md.	AY 1 1 1979 Miny	ay/selvedy
14.7	TOTAL LIBERT OF S	JUNE MURIUARY	PaA	1 111	חו בי וטוט	/

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

13-1006 KALL STREET BELLEVILLE BELLEVILLE STREET And the second state of the second se ETZE DIALIDIE MAY LI 1319 Mey holding

tor, page 3 after death moy be hours ofter TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove corbonopers: Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal. death o requires that the TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.

medicol

injury, or other troumotic event, the

IMPORTANT: If them 21 is marked ar them 18 shaws ony

BP______ DHMH - 16 50M 7/77 (VR A 15 (4)) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-10665

1 - STATE REGISTRAR		DE1 2	CERTIF	CATE OF DEATH	REG. I	NO.		DST
I. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	- L	AST	20 DATE OF DEATH	нтиом	DAY YEAR	26 HOUR
(TIPE OR PRINT)	ELSIE	E		HOUCK	May 25, 1	979		8:30 M
3. SEX	4 RACE		5 DATE O		6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS
FEMALE	WHI	TE	02	22 14	. 6		MONTHS DAYS	HOURS MIN.
70 BIRTHPLACE STATE OR FOR	EIGN 76 CITIZEN C	F WHAT COUNT	RY? 8	NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
W. VIRGINIA	U.S	.A.	MAKKIEL		A A	del Co	unty	MD.
10 CITY OR TOWN OF DEAT	H 11. NAME C	F HOSPITAL, NU		ROTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS OR
Glen Burnie		such FACILITY, GIVE S th Arund		ital	LINE WORK		,	AL ELE-
USUAL RESIDENCE (IF NURSIN	IG HOME OR OTHER INSTITUT	ON, GIVE RESIDENCE &		13d. INSIDE CITY LIMITS	? 13e. STREET ADDRESS		V	ATOR
Maryland	A.A.	PASAI		YES NO	705 Holl		ue, 211	22
14 FATHER'S NAME				15. MOTHER'S MAIDEN				
BENJAMIN	J MIDDLE	DAY	7	BERTH	MIDDLE		FISC	
160 WAS DECEASED EVER IF	U.S. ARMED FORCES		SECURITY NO.	17. INFORMANT	ADDI	RESS PAS	ADENA,	
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	217-18	3-6104	EDWARD J.	HOUCK, 705 H	OLLY A		
	(Enter only one cause)	per line for (a), (b	, and ic				APPROXI	MATE INTERVAL
PART I. DEATH WA	S CAUSED BY: MMEDIATE CAUSE (a),	Heve	12 D	ely drata	m		de	ry
1191		OR AS A CONSE	OHENCE OF					
Canditions, if any,		artis	Schoo	tic Cars.	o vez enlan		yea	ne
gove rise to imme	diote		0				2)	
underlying couse	lost.	Chen .	//	my doze	- ALLAN		y	ens
PART 2. OTHER SIGN	FICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR CO	NDITION GIV	EN IN PART 110	31
Z								
198 DATE OF OPERATI	ON 19b. CO	NDITION FOR WH	IICH OPERATIO	WAS PERFORMED	200 AUTOPSY?	20b. IF YES	WERE FINDIN	IGS USED
JE I					YES NOT		YING CAUSES	NO [
210. ACCIDENT WAS UNDE		OF INJURY		21c. HOW INJURY OC	CURRED JENTER NATURE OF INJ	URY IN ITEM 18, P	ART 1 OR PART 2)	
	OSE OF DEATH	A.M. MONTH						
OR CONTRIBUTING CA		P.M. CE OF INJURY	19	211 LOCATION				-
	LE [(AT HOME	STREET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TO	NWN	COUNTY	STATE
AT WORK - AT WOR	this haspital) attended	the deceased for	am 4 -	10.7	9 to C-2		10 28	that (I) (we) last
sow the deceased	olive on	25		. 17	nion death accurred on the	date and hou	,	
obove, (1) (we) (di 22b, SIGN	d) (did nat) view the ba	dy after death.		DEGREE			22c DATE	SIGNED
CA	7- 6-	1	3mi	ATTENDIN	MEDICAL ST.	AFF	5-1	6-16
22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	()		22e. ADDRESS -				1
Sang C.	Doh, MD	4		95	Aquahart Roa		21061	
230 BURIAL, CREMATION, R	EMOVAL 23b. DATE		23c. NAME OF C	EMETERY OR CREMATO	ORY 23d LOCATION		COUNTY	STATE
BURIAL	05-3	30-79	GLEN HAV	EN MEM. PK.		NIE	A.A.	MD.
24 FUNERAL DIRECTOR		ADDRES	-				RAR'S SIGNAT	URE
PYAME								CONTRACTOR OF THE PARTY OF THE

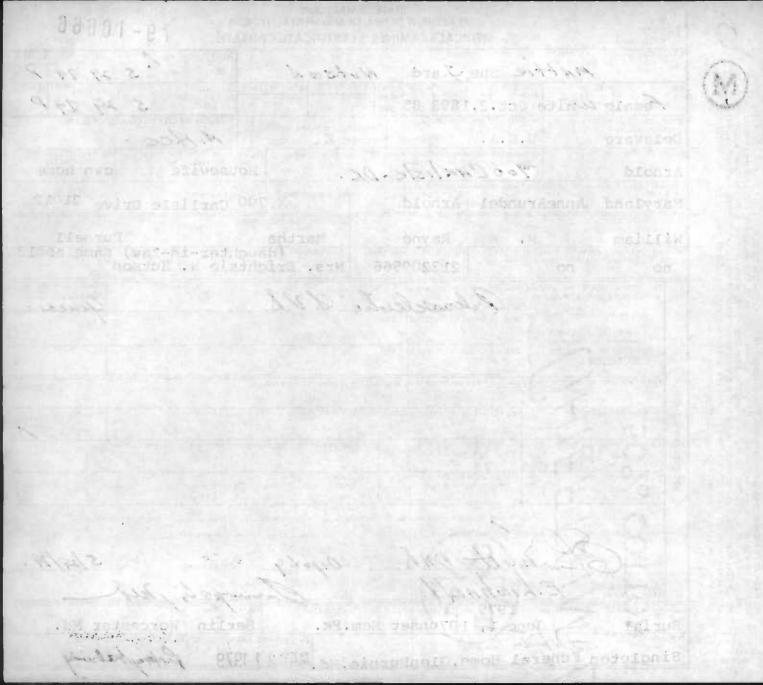
And the description of the last			
	Z. A. Albiot.	m m	
1, a . *			

BP. **DHMH - 17** (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10666

1,	REGISTRAR	MEI	DICAL EXAMIN	NER'S	CERTIFIC	ATE O	F DEATH	REG. NO	-100	, 0 0	
	PECEASED NAME FIRST TYPE OR PRINT)		MIDDLE		LAST		2a. DATE OF	KNOWN ESTI-	MONTH DAY	YEAR	2b. HOUR
	MAT	Hie She			150		DEAT	H MATED	5 29	1979	P
3 56	Female whi	s. DATE OF BIRTH MONTH DAY te Oct. 2,	1893 85	PAY) MONTH	DER 1 YR. II	HOURS	24 HRS. 2c. DA MIN PRONOL DEA	UNCED	5 29	1979	2d. HOUR
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WH	IAT COUNTRY?	8. MARRI	ED NEVE	RMARRI	ED 7. BALTI	MORE CITY O	R COUNTY OF	DEATH	
	elaware	U.S.A.		WIDOW		DIVORCI		HCE			MD
A	rnold	700 C	PITAL, NURSING HOM FUTY, GIVE STREET ADDRESS)	-DK	ER INSTITUTION	NO	FOR MOST OF WI HOUSEN			IND OF BU OR INDUSTI N NO!	RY
13a.	JAL RESIDENCE (IF IN NURSING HOM STATE ATYLAND ANNOTATION		RESIDENCE BEFORE ADMISS 13. CITY OR TOWN Arnold		136. INSIDE CITY YES [LIMITS?	700 Car	RESS. lisle	Drive	210	12
14. 8	FATHER'S NAME	MIDDLE	LAST		15. MOTHER	T		MIDDLE		LAST	
	illiam	R.	Rayne			ctha				nell	
1	WAS DECEASED EVER IN U.S. A (YES, NO, OR UNKNOWN) (IF YES, GF NO	RMED FORCES? VE WAR OR DATES)	21 32095				aughter ghtsie			me a	s#13
	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMEDIATED Conditions, if ony, which gave rise to immediate cause (o) stoting the underlying cause lost.	ATE CAUSE (due to, or the te (b)	for (o), (b), ond (c).) Laceleas A CONSEQUENCE		·d:	V &	7		be be	APPROXIMATE	EINTERVAL TAND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION		ON FOR WHICH OPE				RT 1 (a).		20	AUTOPSY?	
4 2										YES 🗆	NO
1 N	UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH P.M.	MONTH DAY YEA	R 21c. HC	O YAULNI WC	CCURRE	D (ENTER NATURE OF	MJURY IN ITEM 18 P.	ART 1 OR PART 2)		
MEDI	WHILE NOT WHILE AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION		CITY OR 1	OWN	COUNTY		STATE
	22a. I certify that I took cho death resulted fram You ACTUAL SIGNATUR	rge of the remains desc viral causes .		Autop:	Homicid TITLE (SPE		Undetermined r	manner .	DATE SIGNED	129/	19.
40	EXAMINER'S NAME (TYPE OR PRINT)	Linhi	9/2/1/.		ADDRESS	11.	mospo	14:11	res		
23a.l	BURIAL, CREMATION, REMOVAL	23b. DATE 1 979	23c. NAME OF CE			Y	23d. LOCATION CITY OF TOWN	/	COUNTY	ST.	ATE
B	Burial S	June 1,	Sunset	Mem			Berli	n Wor	cester	Md.	
	FUNERAL DIRECTOR	thatter ADDRESS					REC'D. BY REGISTR	AR 25b. REGIS	TRAR'S SIGNA	TURE	
IS	ingleton Fur	neral Hom	O Clanbu		20 2 N	PA 3	1 1070	200	ALL STREET	Model	



with the State Dept. of Health and Mentai mygrene prior. The state of the medical examiner IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner. TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely should be detached for use as the busiol-transit permit. Then please remove corban papers. Pages I and 2 should be detached for use as the busiol-transit permit. Then please remove corban popularity and Americal Hygiene prior to busiol, cremation, or removal. deoth certificate be requires that the ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

TO HOSPITAL

DHMH-16 20M (VRA 15, 4) 7/7B

must be notified of once.

	1 -	STATE REGISTRAR			DEPARTA		ICATE OF DEATH	REG. N	79-	10	667
1	1. DEC	CEASED NAME	FIRST	,	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR DST
1			WILL		Α.		ACKSON	MAY 22			11:05A M
1	3. SEX			4 RACE		5. DATE C		6. AGE JIN YEARS LAST BIRT	HOAY) IF UND	DER I YEAR	HOURS MIN
		Male		Blac		12	3 1892	86	YRS		
d		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF D	EATH	
3		Md.		USA		WIDOWE		ANNE ARUI			MD.
	10 CI	TY OR TOWN OF DE	EATH		HOSPITAL, NURSIN H FACILITY, GME STREET		PROTHER INSTITUTION	12a USUAL OCCUPATI		b. KIND C IDUSTRY	OF BUSINESS OR
4		GLEN BURN			RTH ARUND		SPITAL	Construr	tinn Re	etire	èd
6	13e. S	TATE Md	136 COUP	TOTHER INSTITUTION	Glen Bu	N	134. INSIDE CITY LIMITS?	Box 309 S	ollev Ro	ad	
٦	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NAM	AE	J110 y =10		
d		Edward	Jack	SON.	LAST		Georgianna	a.	Bor	othe	5T
٦		AS DECEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDR	SS		
	141	ES, NO OR UNKNOWN]	(IF TES, GIVI	E WAR OR DATES	217 16 1	615	Lillian Scur	ry Box 493	E Magot	hy F	Beach Rd.
		PART I. DEATH	WAS CAUSE	ily ane cause per D BY: [E CAUSE (0)	line for tall bi, one	MC C	Reval F	alling -		BETWEEN	OMSET AND DEATH
		Conditions, if on gove rise to in couse (0), stot underlying cour	nmediate ing the	((b)	R AS A CONSEQUE	hele	HD- C	5 4 F			
	NOI	PART 2 OTHER SIC	SNIFICANT	CONDITIONS	entributing to g	LEATH BUT	NOT RECATED TO THE TERM	MAL DISEASE OR CON	DITION GIVEN IN	PART 1	a i
	CERTIFICATION	19a DATE OF OPER	ATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WER IN CERTIFYING YES	CAUSES	NGS USED S OF DEATH?
		21a. ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR		LY IN ITEM 18, PART 1 O	R PART 2)	
	MEDICAL	21d. INJURY OCCU	WHILE U	21e. PLACE LAT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOV	IN CO	YINUC	STATE
		22a.1 certify that (sow the decea above, (1) (we)		tall allended th		79.01	d that in (my) (aur) apinion of	, todeath occurred on the di	te and hour and	from the	that (I) (we) lost causes stated
		226. SIGNATURE	M	Lua	uluez	2	ATTENDING PHYSICIAN	MEDICAL STAI	FF _	2c. DATE	SIGNED
		BENITO N	//			7		-A MOUNTAIN DENA, MARYL		2	
	23a B	URIAL, CREMATION	I, REMOVAL	236. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	73d LOCATION			*****
	15	Burial		5-26-	79 Ha	alls C	Church Yard	Alen Bur	nie A.	Ά.	CO. Md.
	24 FU	INIEDAL DIRECTOR					SA ISO DATE	REC'D. BY REGISTRAR	251 GISTRAR'S	SIGNA	URE
	Is	aiah L. I	Brown	& Son	PA 1913	W. I	Baltimore MAY	~ 0 13/3			B

	Ba	
	Page 4	
,	deoth.	
	ofter	
	hours	
	24	
	within	
	executed	
	be	
	v requires that the death certificate be executed within 24 hours after death. P	
	deoth	
	the	
	that	
	requires	
	MO	
	The	CION
	TENDING PHYSICIAN:	oital or attending physician
	TENDING	ital or att
	Server	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral diregions should be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 hours, with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar remayal.

with the State Dept. of Health and Mental Hygieric prince, to with the State Dept. If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examination of the state of t

must be natified of once.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	_	1	0	6	6	8
4	~			_			

- STATE REGISTRAR	CERTIFICATE OF DEATH	79-1000
I. DECEASED NAME FIRST	MIDDLE	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
Louise	LULA JOHNSON	3 129179 630 M
3 SEX FEMALE RACE	Negro MAY 1 1895	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
70 BIRTHPLACE STATE OR FOREIGN 76 CITIZE	NOF WHA COUNTRY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
md lu	SIA WIDOWED DIVORCED	A, A, CO MD
	LE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION T IN SUCH FACILITY, GIVE STREET ADDRESS]	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
ANNAPOLIS H	H. GENERAL	Housewife
USUAL RESIDENCE (IF NURSING HOME OR OTHER INST	13c, CITY OR TOWN 13c VITY OR TOWN YES NO	12 29 Wrighton Rd
14 FATHER'S NAME	15. MOTHER'S MAIDEN NAM	ME MIDDLE LAST
Lemuel unk	Chase Isave	LLC ONES
160 WAS DECEASED EVER IN U.S. ARMED FOR (YES, NO OR UNKNOWN) (16 YES, GIVE WAR OR DA		ADDRESS Lethian, me
NO	217-56-4317 Mrs Mith 1.1	COLLING 1229 Wrighton Rd
IS CAUSE OF DEATH (Enter only one coupart I, DEATH WAS CAUSED BY:	se per line far (a), (b), and (c).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	10) PROBABLE CANCER of	OVARY 3 40
	TO, OR AS A CONSEQUENCE OF	
Canditions, if any, which	(b)	
cause (a), stating the DUE underlying cause lost.	TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIES ANT CONDITION	IC)	INIAI DISEASE OF CONDITION CIVEN IN PART 1(a)
	TO CONTRIBUTION TO BEATT BOTTON RELATED TO THE TERM	TIMAL DISEASE OR CONDITION GIVEN IN PART HO
19a DATE OF OPERATION 19b of 21b. 1	CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED
TI.		YES NO YES NO NO
210. ACCIDENT WAS UNDERLYING 21b. 1	IME OF INJURY UR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. F	P.M. 19	
	LACE OF INJURY DME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
WHILE NOT WHILE AT WORK		
220.1 certify that (I) (this hope tall) atten-	-/ 7 0 30	, to 70 4 19 7 , that (I) (-) last
obave, (1) (we) (did not) view the	bady ofter death.	death accurred on the date and haur and from the causes stated
22b. SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF
22d. PHYSICIAN'S NAME (TYPE OR PANT)	PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN 5/31/79
4000 1	IZE. ADDRESS	1 4.1 - 01
	STRINERIA SHOWER	6 1901 7 286 >
230 RUPIAL CREMATION DEMOVAL 22h DA	TE 134 NAME OF CEMETERY OF COMMANDE	1234 LOCATION 2086 7.
230 BURIAL, CREMATION, REMOVAL 23b. DA		23d LOCATION COUNTY STATE LOTATION A. A. M. COUNTY

JUN 5

DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the has TO HOSPITAL

BP

Transpirate and the committee LOUSE LULA JOHNSON STRATE 60 ALCOHOLD AND The water of the same of the same of the same of constitution of the second state of the second TO SEE STATE SHEET THE LOCAL CHRONIC STREET The state of the s

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept of Health and Mental Hygiene prior ta burial, crematian, ar removal. TENDING PHYSICIAN: The la retained by the haspital ar attending physician.

filled in by the funeral director, auld be filed within 72 hours off

and completely

injury, or other traumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

FOR STATE

PU. BOX GOC ENDE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	9 -	10	6	6	9
---	-----	----	---	---	---

REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	2a DATE OF DEATH MONTH DAY YEAR 26 1	HOUR
Willie	Stopheon	5-25-19 8	03 N
3. SEX	S DATE OF BIRTH		NDER 24 HRS
F (5)	MONTH DAY YEAR COC	7 2 YRS MONTHS DAYS HOL	URS MIN
	WHAT COUNTRY? 8	9 BALTIMORE CITY OR COUNTY OF DEATH	
COLLINTRY)	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne Aurdel	ME
	HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION 126. KIND OF BU	
0 0011 (000	CH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
LISTIAL RESIDENCE (IE NURSINGHOME OR OTHER INSTITUTION			
130 STATE	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
14 FATHER SNAME	15. MOTHER'S MAIDEN NA	AME	
FIRST MIDDLE	LAST FIRST	MIDDLE	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS	
NA	496.24-90262		
18 CAUSE OF DEATH (Enter only one cause per	r line for (a), (b), and (c)	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	urimia.		
クチャル	AS A CONSTOURNESS OF		
Conditions, if any, which	RAS A CONSEQUENCE OF De with no	melletus	
gove rise to immediate			
cause (a), stating the DUETO, O underlying cause last	RAS A CONSEQUENCE OF DA ALLEA	mulleties	
DART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM		
	SNIKIBOTING TO BEATH BUT NOT KEELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART TIE	
190 DATE OF OPERATION 196 COND 210 ACCIDENT WAS UNDERLYING 216 TIME C	ITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS	USED
OH I		IN CERTIFYING CAUSES OF D	
210 ACCIDENT WAS UNDERLYING 7 216. TIME C	DE INJURY THOW IN JURY OCCUP	YES NO YES NO NO	
CO CONTRIBUTION CONTRIBUTION OF DEATH	M. MONTH DAY YEAR	The second will be seen to the second	
	M. 19 21f. LOCATION		
WHILE NOT WHILE	REET, FACTORY, OFFICE, FARM, ETC.)	CITY OR TOWN COUNTY	STATE
AT WORK	54	2 7 5 7 8	
220 I certify that (I) (this heaptal) attended the saw the deceased alive an			(I) (wa) lost
above, (1) (we) (did) (did not) view the bady	after death.	death occurred on the date and hour and from the cause	
22b. SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF	NED
Emily H.	MISM, M-D: PHYSICIAN	DIRECTOR PHYSICIAN	
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS		
Emily H. Ur	limM.D. Bay Manno	r Md.	
230. BURIAL, CREMATION, REMOVAL 236. DATE	230 NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN COUNTY	STATE
Birin 5/3	1/79 Kichmed (Ma	41	
24 FUNERAL DIRECTOR	ADDRESS 250 DA	TE'REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
Para Donal PUB	SOO GOL ENDE HELD M.	AY 2 9 1970 Like A	

DHMH-16 50M 7/77 (VR A 15 (4))

TO HOSPITAL

BP.

63331-67 East Manager March CONTRACTOR OF THE STATE OF Toron Salley Are also say as as a 27 hiller 1 1 1031

STATE OF MARYLAND

1	FOR	DEPART	MENT OF HEALTH AND MENTA	L HYGIENE	10070
Ι'	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	19-106/0
	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	THE DAY YEAR 26 HOUR
1	E OR PRINT	heth Si	DONIES	5	131179 ZDMM
3. SE	X 4.F	RACE	5. DATE OF BIRTH	6. AGE I IN YEARS LAST BIRTHDAY	
Į.	FEMALE	1111116	MONTH POAY 1915	10 72	MONTHS DAYS HOURS MIN.
		CITIZEN OF WHAT COUNTRY?	1 4	PALTIMORE CITY OR C	
1	COUNTRY) D	1184	MARRIED NEVER MARRIE WIDOWED DIVORCE		EUNIDEL MO
III.	LITY OR TOWN OF DEATH 11.		NGHOME OR OTHER INSTITUTIO	N 120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
12	WINA CONTIN	(IF NOTING SUCKED CILITY, GIVE STREET	JASHT	TYPE OF WORK FOR MOST OF WO	RETING LIFE) INDUSTRY
ÚSL	JAL RESIDENCE I IF NURSING HOME OF OTH	TER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMINISTRATION IN	1/2000	100
130	STATE 136 COUNTY	A LECTY OR TOW	VN 13d. INSIDE CITY LIM	115? 13a STREET ADDRESS	Warments De
14 F	ATHER'S NAME	1 VINDARO	15 MOTHER'S MAID	EN NAME	in programmes Dr.
	ME/ENLS MIDE	ME CHENLICOT	THE B	SSIF MIDDLE	WELCH
	WAS DECEASED EVER IN U.S. ARMEI		URITY NO. IZANFORMANI	ADDRESS	00 20011
	(IF YES, GIVE WA	R OR DATES)	Hethu	e JONES	#13
	18 CAUSE OF DEATH (Enter only o	one couse per line for (a), fb), ar	nd jc).	Λ	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED B	Y: Matan	state bung	Coucer	3 months.
	WW.EDIATE C	DUE TO, OR AS A CONSEOU	IENICE OF		
	Conditions, if ony, which	(b)	ENCE OF		
	gave rise to immediate couse (a), stating the		IENCE OF		
	underlying cause lost.	DUE TO, OR AS A CONSEOU	JENCE OF		
	PART 2. OTHER SIGNIFICANT CON	VDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(a)
NO NO			74-1-5		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		b. IF YES, WERE FINDINGS USED
E	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND			YES NOW	YES NO
CE	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		CCURRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D	DAY YEAR		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21E LOCATION		
X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	22a. I certify that (1) (this hospital)	ottended the deceased from	March 3	1 (to	
	sow the deceased alive on	5/30	79, and that in my (our) o	pinion death occurred on the date of	and hour and from the causes stated
	22b. SIGNATURE	lew the body after death.	DEGREE		22c DAJE SIGNED
	Freeze	Lotelle	ATTEND PHYSIC	ING MEDICAL STAFF	5/31/79
	22d. PHYSICIAN'S NAME (TYPE OR PRI	INT)	22e ADDRESS	A SINCEPOR CONTROL	
1	ENSER W.	COXEIU	121 CA	THEORAL ST +	FNNAPOLIS Md.
23a			NAME OF CEMETERY OR CREMA	TORY / 23d LOCATION	11-10
16	Burgial a	6/3/79 Do	WINSHULLE M	\$ 14 DAULDSAN	VILLE HH MAD
n	TUNERAL DIRECTOR	1-191	2	Sa. DATE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
1/3	Ki III Inta Stor	4 (MUC)	ooly Md.	JUN 1 1979	perfrage

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and completely filling in by the should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws ony injury, or other troumatic event, the medical exam

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 the

retained by the hospital or attending physician.

And Edition and the season of the season of ANT SHOWN THAT SHOWN THE BALLS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	9	-	i	0	6	.5	.T	
					_	-	-	

DAYS

UNDER I YEAR

2b. HOUR

HOURS

176 KIND OF BUSINESS OR

LAST

Private Duty

07

IF UNDER 24 HRS

0	- STATE
M)	1. DECEASED (TYPE OR PRINT)
Q	3 SEX

Pino

REGISTRAR REG. NO ASED NAME AUGUSTA EVELYN JONES PRINT) 4 RACE 5. DATE OF BIRTH JULY 18,1896 YEAR White Female To. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Reading, Penna ANNE ARUNDEL COUNTY USA WIDOWED GLEN BURNIE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION Hegistered Nurse USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 STATE 136 COUNTY * AACO Crownsville 131 101 St. Stephens Church Rd. 13d. INSIDE CITY LIMITS? NO PA YES [IS. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Phillip William LAST Clara Rebecca Schaeffer 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) E. Francis Jones, Crownsville, Md. 21032 74 no 3925 18 CAUSE OF DEATH :Enter only one cause per line lay PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE A COMSEQUENCE Conditions, if any, which couse (a), stating A FONSE BENCE O underlying couse ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 18. CONDITION FOR WHICH OPERATION WAS PERFORMED No AUTOPSY? 20h IF YES, WERE FINDINGS USED 19x DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 716 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF PIGURE IN ITEM 18, PART 1 DRIPART 2) 21s. ACCIDENT WAS UNDERLYING 80 HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINERS 214. INJURY OCCURRED TIE PLACE OF INJURY TH LOCATION 20 LAT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN morked NOT WHILE 22s.1 certify that (I) (this hospital) attended the (aur) opinion death accurred on the dute and hour and from the causes stated 27h SIGNATUR DEGREE State De ATTENDING BLDG SUITE should be HWY., GLEN BURNIE ANASTACIO E. SUBONG M.D 734 LOCATION 23s BURGAL, CREMATION, REMOVAL 23b. DATE

DHMH-16 20M (VRA 15, 4) 7/78

74 FUNERAL DIRECTOR

5-23-79

IJC NAME OF CEMETERY OR CREMATORY Baldwin Memorial

Millersville

STATE AACo 750 DATE REC'D. BY REGISTRAR 750 REGISTRAR'S SIGNATURE

27s. DAN SIGNED

Burial

Hardesty FH. 12 Ridgely Ave. Annapolis, Md. 2140

COUNTY

TEATE

12901-5

PARTIES. PROFESSION PROFESSION

Introduction Street

ASSESSED AND AND ASSESSED ASSESSED.

t .

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			0	0	7	2
7	-	1		b	1	1
	3	- 3	-	-		_

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
1		EASED NAME	FIRST	N	IDDLE	ı	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR DS
	(ITPEC	OR PRINT)	JESSE	J	OSEPH		JONES	MAY 2	2, 197	79	11:20A M
	3. SEX	Mah		RACEUL	ul	S DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR		MONTHS DAYS	HOURS MIN
35	CO	THPLACE (STATEO		O CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OF			ME
54	IO CIT	GLEN BU		(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET A RTH ARUNI	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Engineer	ION OF WORKING LIF	126. KIND C	OF BUSINESS OR
35	USUA 13a. S1		13b COUN A A	TY	GIVE RESIDENCE BEFORE	N .	13d. INSIDE CITY LIMITS? PYES NO	13e. STREET ADDRESS Box 891	Crow	vnsvil	le
20			amin	NIDDLE	Jones		Jennie	Middle		Harg	ëtt
1		AS DECEASED EVE ES, NO OR UNKNOWN) NO	ER IN U.S. ARA	AED FORCES? WAR OR DATES]	A - 061 - 3		Edna M. Me	yers same			IMATE INTERVAL ONSET AND DEATH
		Conditions if an gave rise to it course to sto underlying cou	mmediate ting the use fost	DUE TO: OR	AS A CONSEQUE	NCE OF	Evlon				
	Z O	PART 2 OTHER SI	GNIFICANT	0 1	INTRIBUTING TO D	1	NOT RELATED TO THE TERM	INAL DISEASE OR COM	ADILION ON	EN IN PART II	10
2.	TIFICATE	19s DATE OF OPER	RATION	198 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	28a AUTOPSY? YES □ NO ■	MY CERTIF	S. WERE FINDS FYING CAUSES 55	NGS USED OF DEATH?
29	A I	214 ACCEPTIVES OF CONTRIBUTING LEFERTHER HOTELY AND THE INJURY OCCU	ADERLYING [] CAUSE OF DEA DICKLEKAMMER) JRRED	218 TIME OF HOUR AZ	FINJURY A. MONTH DA	V YEAR	N WAS PERFORMED THE HOW INJURY OCCUR THE LOCATION STREET	YES NO BY	VE CERTIFY YE	FYING CAUSES	OF DEATH?
29	MEDICAL	214 ACCOUNT WAS IN OF CONTRIBUTING [IF BITHER, NOT BY AND 1914 AN	ACTIVITY OF DEA	TIR TIME OF HOUR A.7 P.7 TIR PLACE C	FINJURY MONTH DA MONT	Y YEAR	211, LOCATION STREET (9) and that in (my) (our) opinion	VES NO PORTER PARTIES OF PARTIES	THE CERTIFY THE YEAR OF THE YE	PYING CAUSES TART I OR PART 2) COUNTY	STATE that (I) (we) last
29	MEDICAL	214 ACCOUNT WAS IN OF CONTRIBUTING [IF BITHER, NOT BY AND 1914 AN	CAUSE OF DEA	TIR TIME OF HOUR AT PART OF THE PEACE (AT MOME, THE DOLY)	FINJURY MONTH DA MONT	V YEAR	211, LOCATION 114557 10 10 1	VES NO PORTER PARTIES OF PARTIES	Solve and hos	PYING CAUSES TART I OR PART 2) COUNTY	STATE that (I) (we) last causes stated

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

ATTENDING PHYSICIAN. The

TO HOSPITAL

requires that the death certificate

TTENDING PHYSICIAN: The

TO HOSPITAL

STATE OF MARYLAND

	1.	FOR STATE			DEPARTMEN				IENE		-7	0 11	167:
		REGISTRAR				ERTIFIC	ATE OF D	EATH		REG. NO.	- (9-11	001
		CEASED NAME	FIRST	MIDDLE		LAST			26 DATE OF	DEATH MO	HTMC	DAY YEAR	26. HOUR
	(TYPE	OR PRINT)	PAUL	H. 388		Ke	llar	n			51	1279	550
	3. SE	x	4 RAC	E	5	DATE OF B	DAY	YEAR	AGE (IN YEA	RS LAST BIRTHD		# UNDER I YEAR	HOURS A
		m		W		3	30	03		26	YRS.	MONINS DAIS	HOURS I
ė		RTHPLACE (STATE OR FO	REIGN 76 CIT	ZEN OF WHAT CO	DUNTRY?] NEVER M		9 BALTIMOR	E CITY OR	COUNTY	OF DEATH	
70	No	ounini) orth Caroli		USA	W	VIDOWED [DIV	ORCED 🔯		Arunde			
54	1	napolis	{ IF	AME OF HOSPITAL NOT IN SUCH FACILITY, ING Arund	GIVE STREET ADD	RESS)			12e USUAL O	FOR MOST OF W	ORKING LIF	E) INDUSTRY	
, —		AL RESIDENCE (IF NURSI					Hospi	tal	Tile	Mechan	lc	ret	ired
E S	13a. S	ryland	Anne Aru	13c. CITY	or town dyside	§ 13	I. INSIDE CI	TY LIMITS?	13. STREET A	DDRESS Harbo	r		
in e	14. F/	THER'S NAME				15		MAIDEN NA	WE	1-22			
E C		Alphus	MIDDLE	Kal	lam		Gets	#ST ₹		MIDDLE		Orre	st 7 7
0	16a. \	VAS DECEASED EVER			CIAL SECURIT	Y NO. 17	INFORMA		D	O ADDRESS	117	0116	<u> </u>
e d	1	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR		70 00	1 .						35.2	
e e		no		577	<u>-10-38</u>	40 4	aylor	I H.Vel	lam, S	t. Leo	nard		CMATE INTERVAL ONSET AND DE
other tro		gove rise to imm couse 10), stating underlying couse	g the DI	JE TO, OR AS A GO		EOF	10						
6		PART 2 OTHER SIGN	WEIGANIT CONDI	(c)				10 THE TERM	BIAL DISEASE	OR CONDIT	1011 611	(FALEL DADY)	
lory.	z	PART 2 OTHER SIGN	IIFICANI CONDII	IONS CONTRIBU	TING TO DEA	BUINC	N KELATED	IO THE TERM	INAL DISEASE	OKCONDII	ON GIV	EN IN PART I	(0)
<u></u>	CERTIFICATION	19s DATE OF OPERAT	ioni Tia	CONDITION FO	D MUICU OD	ERATION I	VAS DEBEOS		20s AUTO	neva In	AL IC VES	S, WERE FIND	NICE LICED
0	0	198 DATE OF OPERAL	17	CONDITION FO	K WHICH OF	EKATION	VAS PERFOR	MED	706 AUTO			YING CAUSE	
o l	E									NO 🗌		S 🗌	NO 🗌
× 7		218 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	D. TIME OF INJURY OUR A.M. MO P.M.		YEAR	Ic HOW IN	URY OCCURE	RED (ENTER NATI	URE OF INJURY II	N ITEM 18 P	PART 1 OR PART 2)	
ž.	MEDICAL	214 INJURY OCCURR	ED 216	PLACE OF INJUR	RY	21	II. LOCATIO	N					
eq	¥	WHILE NOT WH	ILE I	HOME, STREET, FACTOR	RY, OFFICE, FARM	, ETC.)	STREET			CITY OR TOWN		COUNTY	STATE
Ď.		22s.1 certify that (I)		anded the decree	ad from	4/	4 79	19	- 6	1 (1)		1079	tho (I) (we)
5		sow the decease		5/12	10 7	2 and t	hot in (my)		death occurred	on the date	and hou	r and from the	6
2 6		obove (I) (we)(d		the body ofter dea	oth.			- opinion		on the dole	0110 1100		
± ±		226. SIGNATURE	PV		1	DEC	GREE	TENDING	~ MEDICAL	STAFF		776. DATE	SIGNED
		1-67		mon		7			MEDICAL DIRECTOR	PHYSICIA	N	101	121
Α,		224 PHYSICIAN'S NA	ME (TYPE OR PRINT)			2	e ADDRESS		1	N		A	
MPOR /		000 BG	18 (-	Som.	BIND?	3	16	16/1	rest	124	re	_ 1470	nopul
,	236	BURIAL CREMATION	REMOVAL 236	DATE	23c NAA	ME OF CEM	ETERY OR C	REMATORY	23d. LOCAT	ION			

DHMH-16 20M (VRA 15, 4) 7/78

Burial

Greenhill Cemetery

Greensboro

Carolina

24 FUNERAL DIRECTOR Funeral Home, reensboro North Caro
BY REGISTRAR 250. REGISTRAR'S SIGNATURE
1 6 1979 Linkry Kelhod

21201 BALTIMORE, DIVISION OF VITAL RECORDS,

C

filled buld b

N

g

event.

other

prior

ntol Hygiene

٤ 0

80

morked

±

MPORTANT

24 FUNERAL DIRECTOR

MacNabb Funeral Home

be deto e Stote I FUNERAL

ld b

DHMH-16 20M

(VRA 15, 4) 7/78

0

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME MIDDLE 2e. DATE OF DEATH MONTH 7h. HOUR 1979 (TYPE OR PRINT) STEPHAN KRAUSMAN WILLIAM 4 RACE 5. DATE OF BIRTH 3. SEX & AGE IIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH MONTHS DAYS HOURS March 12, 1902 "ellale Caucasian To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED COUNTRY) Maryland USA ANNE ARUNDEL COUNTY WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 174 USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE B&O Railraod GLEN BURNIE Machinist USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 13a. STREET ADDRESS 134. INSIDE CITY LIMITS? 1514 Eastway 21061 Glen Burnie Maryland A.A. NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST Unknown Nicodemous Ida Krausman ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IYES, NO OR UNKNOWN) 705-07-6510 No Mrs. Eunice F Same as 18 CAUSE OF DEATH (Enter only one couse per line for 161, 691, and ic.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate tol, stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO YES [NO [71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21a PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE NOT WHILE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) AT WORK AT WORK 13s.1 certify that (1) This hospital) Attended the deceased from 19. ., that (1) (we) lost saw the deceased alive or and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (Wwei Idid) 72% SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN NAME (TYPE OF PRINT) 27. ADDRESS 25 HOSPITAL THEODORE OSIUS, M.D. GLEN BURNIE, MARYLAND 21061 23a BURIAL, CREMATION, REMOVAL 73c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE COUNTY Md. Cremation Baltimore Catonsville

Security Process Inc.

Catonsville. Md. 21228 MAY

250, DATE REC'D. BY REGISTRAR 251 TEGETS AND A

1.901-61

Coses with a wife and the many to the party of the party

the field, and the second seco

and middle grow and the state of the first first than the state of the

Annual Annual Company of the Company

attending physician and campletely filled in by the funeral dir nove carbanpapers. Pages 1 and 2 shauld be filed within 72 hou

jury, or other troumotic event, th

IMPORTANT. If Item 21 is marked or Item 18 shaws any

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remave carbanpapes with the State Dept. of Health and Mental Hygiene priar to burial. cremation, ar remaval.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10675

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

	REGISTRAR		CERTIF	ICATE OF DEATH	REG NO		
	CEASED NAME FIRST	MIDDLE	L L	AST		ONTH DAY	YEAR 26 HOUR
(TYPE	BeRY	SA H	KR	OGMAN	C C	5 15	79 9 Pm
3. SE	X	4 RACE	5 DATE C		AGE (IN YEARS LAST BIRTH	-	ER I YEAR IF UNDER 24 HRS
F	emake	CAUC.	1	18 92	81	7 YRS MONTHS	
	RTHPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF D	EATH
MA	ARYLAND	U.S.A.	WIDOWE	DIVORCED [Hone h	Runde	21 Co. MD.
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF		L KIND OF BUSINESS OR
H	illersville	Knollwood	1 MA	noR	WAITRE		MILK BAR
USU,	AL RESIDENCE I F NURSING HOME OR		BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	1	
1	4d. A.	6 hinth	icum	YES NO 🛣	108 50.1	Longer	2055 Rd.
14 FA	THER S NAME FIRST A	MDDLE LAS	т	15 MOTHER'S MAIDEN NAM	MIDDLE		LAST
	PATRICK		righe	EMMA			BLIDEN
	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SECURITY NO	17 INFORMANT	ADDRES	S LINTHI	CUM, MD.
	NO	214-	-26-8753	LOUIS R. KRO	GMAN, 108 S	. LONGC	
	18 CAUSE OF DEATH Enter and PART I, DEATH WAS CAUSED		b, and ic	M 1-		DE DE	AFFROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E CAUSE (a)	rdiac	Urrest			
9.5	4275	DUE TO, OR AS A CON	SEQUENCE OF				
300	Canditians, if any, which	(b)					
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SECULENCE OF				
	underlying cause last.	(D) (C)	DEOUGNICE OF				
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR COND	ITION GIVEN IN	PART 1(a)
N O		Strile	Da	nentia.			
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W		(, ,) , , ,	20a AUTOPSY?		RE FINDINGS USED
띹					YES TI NOT	IN CERTIFYING	CAUSES OF DEATH?
ERT	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c HOW INJURY OCCURRE		-	
	OR CONTRIBUTING CAUSE OF DEA						
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
WE	WHILE TO NOT WHILE TO	AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET	CITY OR TOW	v CO	OUNTY STATE
	AT WORK AT WORK	-1) -44 - 4 - 4 1	rom Pe	12 10 2/	May	- 10	79
	22a I certify that (I) (this haspit saw the deceased alive an	10 111	20	nd that in (my) (aur) apinian de	eath accurred on the day	te and hour and	from the causes stated
	abave, (I+tye) (did) (did nat	view the bady after death.	,				
	22b. SIGNATURE	- 01 1		DEGREE ATTENDING	MEDICAL _ STAFF		DATE SIGNED
	oug!	poles	W		DIRECTOR PHYSICI	AN .	5/15/17
	226. PHYSICIAN'S NAME ITYPE OR		MA	22e ADDRESS	2.66 /	1 10.	6-11
-	tani s	KHUDES	MO	166 1 0	10+ The (enfer	cotton.
23o. E	BURIAL, CREMATION, REMOVAL SPECIFY)	236. DATE		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNT	
	BURIAL	05-18-79	BALTIMO	RE CEMETERY	BALTIMORI	E CITY	MARYLAND

21229

25a. DATE REC'D.

HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician certificote be

deoth (

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			0	0	7	0
7	0	_	11	b	1	C
-	J		U			

-119		REGISTRAR				CERTIFIC	ATE OF DEAT	H		REG. NO.			
47		CEASED NAME	FIRST	MIDDI	E	LAST		. 20	DATE OF DE	ATH MONT	H DAY	YEAR	26 HOUR
26			Walte:	r V	KR	OMAS			May 1.	1979			12:30
3.7	3 SE	x		4 RACE		S. DATE OF B		6.	AGE (IN YEARS	LAST SIRTHDAY)	IF U	NDER I YEAR	# UNDER 24
		Male		Cauc.			10, 1896		83		YRS MON	INS DATS	HOURS
100		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF WH.	AT COUNTRY? 8	MARRIED E	NEVER MARRI	FD 0 9	BALTIMORE	CITY OR CO	UNTY OF	DEATH	
75		1	a	US		WIDOWED (DIVORCE	ED 🗆 A	nne Ar	undel			
10	10 C	TY OR TOWN OF DE	ATH	11. NAME OF HOS	PITAL, NURSING		THER INSTITUTION	ON 12	USUAL OC	CUPATION R MOST OF WOR	(AGLIFE)	126 KIND C	F BUSINESS
03		Annapolis	1100	Anne Aru			ital	1	ESTAU	CAN		100 D	te
	USU/	AL RESIDENCE (IF NUI	136 COUN		RESIDENCE BEFORE AL		I. INSIDE CITY LIA	AITS? 13	STREET ADI	DRESS	Comp	4000	
30	Man	ryland	1	Arunde!			ES NO		661 Se		venu	е	
	14 FA	THER'S NAME	I VALV	MIDDLE	IAST	15	MOTHER'S MAIL	DEN NAME		NDOLE	1/2	180	T.C.
130		EUANI	DER	- 51	ROMAS	S	HDAL	DE			TTAU	UKI	NS
1		VAS DECEASED EVEL		MED FORCES? 166	SOCIAL SECURI	TY NO 17	NFORMANT C		V	ADDRESS		4	-
		00	-	3	78-38-1	047	MARIE	4.	AR.	HH	S	11	13
		18 CAUSE OF DEA	TH Enter on	ly one couse per line	for (a), (b), and (c						APPROX BETWEEN	MATE INTERVA
		PART I. DE ATH V	WAS CAUSE	D BY: TE CAUSE (a) Ca	rdiac ar	rest						Imme	diate
	100	11.00	IMMEDIAI										
	120	4/40			ACONSEQUEN								
5		Conditions, if on		((b) Co	ronary a	theros	clerosis	3				chro	nic
		gave rise to im cause (a), state		3									
		underlying cous		DUE TO, OR AS	A CONSEQUEN	ICE OF							
5				(c)									
	z			CONDITIONS CONT								IN PART 1	01
	CERTIFICATION	Chronic	pulmo	nary fibr	osis & r	espira	tory ins	suffic					
5	5	190 DATE OF OPER	MOITA	196 CONDITIO	N FOR WHICH O	PERATION V	VAS PERFORMED		20a AUTOPS		IF YES, W	G CAUSES	OF DEATH
do	E	Not app	licab	le le				900	YES N	O 🔽	YES		NO 🗍
0	1 %	21a. ACCIDENT WAS UP		216. TIME OF IN		2	It. HOW INJURY	OCCURRED	(ENTER NATUR	OF INJURY IN IT	EM 18, PART 1	OR PART 2	
1		OR CONTRIBUTING		NITT I	MONTH DAY	YEAR							
5	MEDICAL	(IF EITHER, NOTIFY MEDI				19							
	월	214 INJURY OCCUP		21e PLACE OF I	NJURY FACTORY, OFFICE, FAR		I LOCATION STREET		CI	Y OR TOWN		COUNTY	STATE
2	2	AT WORK AT W	WHILE ORK										
		22a.L certify that () (throubonos	January	ceased from		10"	77	to Marr	1 10	70 19		that (ladwa
2			sed alive on	January	18, 10.79	and t	, 19 hot in (my) (X r) (opinion dea	th occurred o	n the date or	nd hour on	d from the	couses state
		sow the deceo			r death	, 0110		.,			10 11001 011	J 110111 1110	200307 31010
4		abave, (1) (vse)	did) mestro	Wview the body ofte	deam								
		sow the deceo above, (I) (we) 27b SIGNATURE	(did) news	Kview the body after	, dedin	DEC	GREE					27c DATE	SIGNED
,		abave, (1) (vse)	whee	Wilking	700	DEC	ATTEN		MEDICAL	STAFF			
		276 SIGNATURE	rles	W. Kin	201		ATTENI PHYSIC		MEDICAL DIRECTOR	STAFF		May	
		abave, (1) (vse)	rles	W. Kin	201		ATTEN			STAFF			
		27d. PHYSICIAN'S N	IAME (TYPE OF	Wiew the body often RPRINT)	201	27	ATTENI PHYSIC	CIAN GO	IRECTOR .	STAFF		Мау	
	73 a. E	27d. PHYSICIAN'S N	I Kin	Wriew the body ofte M. Kin RPRINT)	201	27	ATTENI PHYSIC Re. ADDRESS	V Ave	IRECTOR .	STAFF PHYSICIAN		Мау	
	23o. E	obove, (II (%) 27b SIGNATURE 27d. PHYSICIAN'S N Charles I	I Kin	Wriew the body ofte M. Kin RPRINT)	201	27	ATTENE PHYSIC	V Ave	IRECTOR .	STAFF PHYSICIAN		Мау	
	23o. E	obove, (II (%) 27b SIGNATURE 27d. PHYSICIAN'S N Charles I	I Kin	Wriew the body ofte M. Kin RPRINT)	201	27	ATTENE PHYSIC Re. ADDRESS 6 Murray EVERY OR CREM	Ave	Anna	STAFF PHYSICIAN	MD A	May 21401	1, 19:
	230. E	obove, (II (%) 27b SIGNATURE 27d. PHYSICIAN'S N Charles I	I Kin	Wriew the body ofte M. Kin RPRINT)	201	27	ATTENE PHYSIC Re. ADDRESS 6 Murray EVERY OR CREM	Ave	IRECTOR .	STAFF PHYSICIAN	MD A	May 21401	1, 19:
	73 a. E	obove, (II (%) 27b SIGNATURE 27d. PHYSICIAN'S N Charles I	I Kin	Wriew the body ofte M. Kin RPRINT)	201	27	ATTENE PHYSIC Re. ADDRESS 6 Murray EVERY OR CREM	Ave	Anna	STAFF PHYSICIAN	MD A	May 21401	1, 19

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

21301-81 TO COST TURNSTON ENDER THE STATE OF THE SECOND STATE OF THE SEC THE SKHALLINE A THANK THE THE -

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3. NO.	7	9	-	1	0	6	7	7 Б इ т

A		REGISTRAR			CERTIF	ICATE OF DEATH		REG NO	19-	100	DST
9		CEASED NAME FIRST	Α	AIDDLE	L	AST	2a. DA		D HTMC	AY YEAR	2b. HOUR
ij	(TYPE	GEORGE GEORGE	W	ASHINGT	ON	LANE		MA	Y 1	7,1979	*8:25
Н	3. SEX	(4 RACE				6. AGE	(IN YEARS LAST BIRTHD			IF UNDER 24 HRS
ı		ASED NAME (ASE) MASH INGTON LANE MAY 17, 1979 *8 MARIED MAY 17, 1979 *8 MARIED MAY 4 POPIAL TO PROPERTY ON THAT (COUNTRY) MARKED MAY 4 POPIAL THAT (COUNTRY) MARKED MAY 5 POPIAL THAT (COUNTRY) MARKED MAY	HOURS MIN								
J		RTHPLACE ISTATE OR FOREIGN	THEST MIDDLE LAST TO LANE WASHINGTON LANE 4. RACE White S. DATE OF BIRTH May 4 1914 YEAR 6. AGE (IN YEARS LAST BRITHDAY) FUNDER 1 YEAR MARKIED MARKIED MARRIED MARR								
5	Ma	aryland	Ţ	JSA			A	NNE ARU	NDEL	COUNT	ry _{MD.}
4		TY OR TOWN OF DEATH	NORTH	ARUNDE	DDRESS HO	SPITAL	(TYPE O	F WORK FOR MOST OF V	VORKING LIFE		
E	130 S Ma	aryland 13h coun	NTY	GIVE RESIDENCE BEFORE	AOMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔀	7	reet address 7964 Cat	heri	ne Av	e.
2	14 FA	THER'S NAME FIRST George		_		FIRST		WIDDLE			
7		(IF YES, GIV	WAR OR DATES)				ı V.	- /			
		PART I. DE ATH WAS CAUSE	Ď BY.	//		hiralory	a	west		BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OI	17560	17		st	MYOCAG	edin	LINFI	ARCTION
1	CERTIFICATION	PART 2 OTHER SIGNIFICANT (ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	20a	AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	NGS USED OF DEATH?
7			HOUR A.	M. MONTH DA		21c. HOW INJURY OCCU					No U
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY				CITY OR TOWN	n.	COUNTY	STATE
		22a I certify that III the hospi	HP	RIL 19 17	AP	R1/	, to	ccurred on the date	and hour		that (I) (we) last couses stated
		22b. SIGNATURE	len	lus	27 2	ATTENDING PHYSICIAN	MED	OICAL STAFF CTOR PHYSICIA	′и []	22c. DATE	17- 29
		BENITO MART		M.D.		2932 MOUN	TAIN	ROAD,			
	230 B	Burial Burial				emetery or crematory Hill Cem.	y 23d E	LOCATION CITY OR TOWN Brooklyn	Pr	COUNTY AA	5,21122 STATE Md.
	24 FL	INERAL DIRECTOR AME	2/1/20	e Mores		RAA	ATE REC'D	. BY REGISTRAR 25	b. RECISTE	RAR'S SIBNAT	URE
	S	ingleton' Fun	eral "	ome, Glei	n Bui	rnie, Md. MA	11 1 0	13/3	Del.	7.,	1

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

OR ATTENDING PHYSICIAN: The low requires that the death

etoined by the hospital or attending physician.

HOSPITAL 0 IMPORTANT. If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event, the



CARL DECK TO ANY	7566 4 10	MATER HEAVE	1 34	
17,197 - 17,197 - 18:				
		1 3 51 d i		
ANNE ARUNDEL COUNTY	Z d			bnstysio
entendic Impeling	JATI920	H LEIGHURA H	TROM	ATMANG NED
The cathering age.				film/yes!
	изівн	ace.		engaco
EI (0121) onel AV	dans .en. S	213.10.00		8.67
	SHOPENSAU			
				W OT BES

1		FOR STATE REGISTRAR
---	--	---------------------------

notified of once.

mpletely filled in by the further ond 2 should be filed with 72.

signed by the attending physicia

injury, or ather traumatic event, the

MPORTANT: If them 21 is marked ar them 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9 REG	 1	0	6	7	8

1.	STATE REGISTRAR			DUARIN	CERTIF	ICATE OF DEATH	TIENE	79- REG. NO	100	, 1 0	DST
	CEASED NAME	FIRST	۸	AIDDLE	L	AST	20 DATE		ONTH	DAY YEAR	26 HOUR
(1176	ORPRINT	KENNE	TH AI	BERT I	ANG		MAY	6. 19	79		9:55
3. SE	X		RACE		5 DATE C		6. AGE (II	N YEARS LAST BIRTH	DAYI	IF UNDER 1 YEAR	IF UNDER 24 HRS
10	Male		Whit	e	May	23. 1925	53		YRS.	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE OR FO	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIA	AORE CITY OR		OF DEATH	
	ryland	1 1	U.S.A		WIDOWE			ANNE A	RUNC	DEL COL	JNTY MD.
10 C	ITY OR TOWN OF DEA	ATH 11.		HOSPITAL, NURSING		OR OTHER INSTITUTION		ORK FOR MOST OF			Balto.
GL	EN BURNI	E	NORT	H ARUNDI		OSPITAL		ntanen			&Chem.
	AL RESIDENCE (IF NURS	ING HOME OR OTH	HER INSTITUTION,	GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	113. STORE	ET ADDRESS		(Ferno	dale)
Ma	ryland	A . A .		GlenBur		YES NO			olis	Blvd.	
14. FA	THER'S NAME	WIGE		LAST		15 MOTHER'S MAIDEN NA	ME				
Ch	arles	MIGE	A .	Lang	g	Myrtle		A. S	mith	l AS	
16a V	VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT (WI	fe)	ADDRES	s Sa	me as	#13
	les	W.W.		21422792	27	Mrs. Mary	L. La	ang	0.0		
	18 CAUSE OF DEAT			fine far (a), (b), and	dict) -0.	0.	0		BETWEEN	MATE INTERVAL
	PART I. DEATH W	IMMEDIATE C	-	Trocc	en	nd lask	Acon	ch			
	410-		DUE TO, OF	R AS A CONSEQUE	NCE OF						
	Canditions, if any,		(b)								
	gave rise to imm cause ia, statin	ig the	DUE TO, OF	R AS A CONSEQUE	NCE OF						
	underlying couse	lost	(c)								
_	PART 2 OTHER SIGN	VIFICANT CON	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISE	ASE OR COND	TION GIV	EN IN PART 10	5
ō	CAL	-	Since I								
CA	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU	JTOPSY?		S, WERE FINDIN	
CERTIFICATION					367		YES [,	YE		NO 🗆
	OR CONTRIBUTING		HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER	NATURE OF INJURY	IN ITEM 18, F	PART 1 OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDIC		P./		19				171.0	7. 90	1
EDI	214 INJURY OCCUR		21e PLACE O	OF INJURY EET, FACTORY, OFFICE, FA	ARM FIC)	211 LOCATION STREET	01100	CITY OR TOWN		COUNTY	STATE
2	AT WORK AT WO	HILE D						-1			
	22a-1 certify that (1)		attended the	e deceased fram	1	77, 19.	, to	26		19 75	that (1) (Tre) last
	sow the decease above. (1) (wew)		ew the bady	after death.	, ar	nd that in (my) (our) apinion	death accur	rred an the dat	e and hau	er and from the	causes stated
	226. SIGNATURE	/	/	1	1	DEGREE		Avriller.	600	22c. DATE	SIGNED
	Mulo	16	ce	2/1	V	ATTENDING PHYSICIAN [MEDICA DIRECTO	OR PHYSICI		1218	1)9
	1224 PHYSICIAN'S NA	ME (TYPE OR PRI	NT)	The second		22e ADDRESS RA	NDALI	LSTOWN	, MA	RYLAND) '.
	ROBERT	BKR	OOPNI	CK, MD.		LIBERTY PL	AZA :	SHOPPI	NG C	CENTER	

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remave carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physicia TO HOSPITAL BP

DHMH - 16 50M 7/77 (VRA 15 (4))

23b. DATE May 230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

230 NAME OF CEMETERY OR CREMATORY Loudon Park

23d LOCATION
CITY OR TOWN

Baltimore City

STATE Md.

24 FUNERAL DIRECTOR Singleton Funeral Home, GlenBurnie, Md.

KROOPNICK, MD.

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

8:0	65°F , 1970		BERT LANG	KEWEETH AL	
	T. C.	23 1929		Atria Con	elade
YTHUO	LEGINDRA BRIDA				bns.fy.rs
	lainkaneure [18]	JAT 1980F	i jedovna st	TROIL MORT	MACO INL
I . DV	TR STIOTANDA OU		Wiem main		Buella 14
	A. Smithi	activity (vict	Land		Belyad
		Pre. Nary E.			

,	M)
4 moy h	90	/
rage	I directo hours o	
r deam	funero	ed ot on
urs ofte	by the	e notifie
24 ho	filled in	must b
3 withir	pletely nd 2 sh	amine
executed	nd com	dicol e
ote be	pers. Pa	the me
certifico	ng phy bongo	ic event
deoth	ottend ove co	roumor
that the	by the	other
duires	Then ple	njury, a
low re	os beer bermit be prior	vs any
hysiciar	ransit p	18 show
HYSICIA	buriol:	or Hern
ING P	After the sos the	norked
spitol o	for use	121 is n
the ho	AL DIRE etochec te Dept	I. H Hen
TO HOSPITAL CATTENDING PHYSICIAN. The law requires that the deoth certificate be executed within 24 hours ofter deam Mage 4 may be retained by the haspital or ottending physician.	TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physicion and completely filled in by the funeral director, pages should be detached for use as the buriol-transit permit. Then please remove corbanapapers. Pages 1 and 2 shauld be filed within 72 hours often decount the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	IMPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, the medical examiner must be notified at ance.
eto H	Show	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.	79-10679
	(TYPE	CEASED NAME FRST MODILION 2: 11:an MODILION	1 Larrimon	20 DATE OF DEATH MON	6-79 11AM
	3 SE)	FW		60	MONTHS DAYS HOURS MIN.
5	CC	RTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHA	MARRIED WEVER MARRIED WIDOWED DIVORCED	D 19.19.	Co - MD.
9	A	rueld 1510 E	PHAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	RKINGERE) 126 KIND OF SUSINESS OR INDUSTRY
5	USUA 13e S	AL RESIDENCE (IF NUBSING HOME OR GITHER INSTITUTION, GIVE ITATE 133 COUNTY	RESIDENCE BEFORE ADMINIST CITY OR TOWN YES NO S	15? 130. STREET ADDRESS	e
t	14. FA	THER'S NAME ALL	Berstron 15. MOTHER'S MAIDE	N NAME MIDDLE	7 LAST
7		VAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	SOCIAL SECURITY NO 17 INFORMANT 1209 7361 Wm S	· Larrene	10 + 11
	Z	Conditions, if any, which gave rise to immediate	A CONSEQUENCE OF	melas tases TERMINAL DISEASE OR CONDITK	PETWEEN ONSET AND DEATH DO GIVEN IN PART 1(0)
/	CERTIFICATION	190 DATE OF OPERATION 198 CONDITION	N FOR WHICH OPERATION WAS PERFORMED		. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
/	MEDICAL CER	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED A HOME STREET E	MONTH DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN I	TEM 18, PART 1 OR PART 2) COUNTY STATE
	*	22e.1 certify that (1) (this haspital) attended the decode of the saw the deceased alive on above, (1) (and not) view the body after 27b SIGNATURE	r deoth. DEGREE	inion death occurred on the date o	nd hour and from the couses stated 221. DATE SIGNED 5 - 2 & 79
			KARL 104 FO	A	impolis
	230. 8	URIAL CEMATION, REMOVAL 236. DATE	230 NAME OF CEMETERY OR CREMAT	ORY 234. LOCATION	1 - count of him

DHMH-16 20M (VRA 15, 4) 7/78

anane

AY REGISTRARIZSE REGISTRARIS SIGNARURE

ecuted

certificote

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10680 70

١	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0. 19	-101	000
Ì	1. DEC	EASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DA	YEAR	2 HOURS
l	,,,,,	John		haw	Rence		7 1	1.19	PM
	3. SEX		4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
		male	Canc	1	38 19	60	YRS.	NE DEATH	
J	CO	THPLACE (STATE OR FOREIGN UNTRY)	76 CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	COUNTY	PUEAIN	
2		ennsylvania	USA 11. NAME OF HOSPITAL, NU	WIDOWE		Anne Arun		12k KIND O	F BUSINESS OR
,			(IF NOT IN SUCH FACILITY, GIVE	TREET ADDRESS)		TYPE OF WORK FOR MOST C	F WORKING LIFE)	INDUSTRY	
4		mapolis	OR OTHER INSTITUTION, GIVE RESIDENCE	General	. Hospital	Fire Depar	tment	Ret	ired
ż	13a. S	TATE 13b CO	UNTY 13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	+ Mahi	T-4-	
7		aryland Ann	e Arundel Loth	Lan	YES NO IN NO IN NA	22 Patuxen	TOOL	L Esta	tes
ļ		John E	MIDDLE LAST	Sr.	FIRST	WIDDLE		McGay	T.
-	16a. W	AS DECEASED EVER IN U.S.		SECURITY NO.	17. INFORMANT	600P2RI	Toby D		V
1	(11)	Yes WII	& Korea 177-1	+-5139A	Ronald S. Pf				20031
1		18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b	on and Ich					MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAU	SED BY. ATE CAUSE (0)	UA					114
		436	DUE TO, OR AS A CONS	FOLIENCE OF					
		Conditions, if ony, which	((b)	2002, 102 01					
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF				5-88	
H		underlying couse lost.	(c)						
d	7	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 10	0)
	CERTIFICATION		19b CONDITION FOR W	USU OBSBATIO	ALLWAS DEDECTRAS	200 AUTOPSY?	JON 1E VEC	WERE FINDIN	ACC LISED
7	FICA	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	IN WAS PERFORMED	E Mary Control	IN CERTIFY	ING CAUSES	
H	ERTI	210. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY		71c HOW INJURY OCCUR	YES NO	YES		NO []
		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH						
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
	ME	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
			spital) attended the deceased f	rom Dec.	, 19_73	, toMay 14	١٠ ١١	9 79 .	that (I) (we) lost
		sow the deceased alive	on May 13, not) view the body after death.	19_790	nd that in (my) (our) opinion	death occurred on the d	ote and haur	and Iram the	causes stated
		22b. SIGNATURE	1017 Me Body drier death.		DEGREE			22c. DATE	SIGNED
		1200	bottem d	1 ~~	ATTENDING PHYSICIAN	MEDICAL STA			
	33	22d. PHYSICIAN'S NAME (TYP			22e ADDRESS 121	Cathedral S	treet		27 H
		Stanley P. W	Vatkins		Anna	apolis, Mary	rland		
	23o. B	URIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	C	OUNTY	STATE
	113	Burial	05-16-79	Md. Nat	t. Mem. Park	Laurel,			ryland
	24 FL	INERAL DIRECTOR	J1813 008	ssel	25a. DA	TE REC'D. BY REGISTRAN		AR'S SIGNAT	
	Bea	all Funeral Ho	me, 1212 West	St. Anr	na. Md.	MI TO 1919			

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

Home,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours the with the State Dept. of Health and Menial Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

00001-01 TO POPULE SERVICE DESCRIPTION OF THE PROPERTY OF IN LET YE TO BE SUPPLY SHOW The second state of the second se THE STATE OF THE PARTY OF THE P STATE OF THE PARTY The state of the s

	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	79-10	6 80 L
	DECEASED NAME FIR (TYPE OR PRINT)	WARD M.	MALONE	MAY 25. 19	DAY YEAR	26 HOUR 10:27 ^A
D	s. SEX Male	1 RACE Well	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
ot once	a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	11/1	MARRIED NEVER MARRIED WIDOWED DINORCED	BALTIMORE CITY OR COU	NTY OF DEATH	Y MD.
	GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS) DEL HOSPITAL	12a. USUAL OCCUPATION (IMPO) WORK FOR MOST OF WITH		F BUSINESS OR
and state of the s	USUAL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFI COUNTY 134. CITY OR TO		11 Spett poses	Ba-An	et 901
Comine	4. FATHER'S NAME FIRST PRINCELLY	is Maler	15 MOTHER'S MAIDEN NA	hala Middle	icker	200
Poges 1		S. ARMED FORCES? 166 SOCIAL SEC ES. GIVE WAR OR DATES) 028 0	CURITY NO. 17 INFORMANT	ADDRESS		
inpopers mavol.	PART I. DEATH WAS C	ter only one couse per line far (a) (b), AUSED BY: EDIATE CAUSE (a)	india Repud	to ann	APPROXU BETWEEN C	MATE INTERVAL DINSET AND DEATH
on, ar re	410 - Canditions, if ony, whi	DUE TO, OR AS A CONSEQ	vence of rupear	dealmfare	e	
al, crematic	gove rise to immedia couse (a), stoting to underlying cause la	he DUE TO, OR AS A CONSE	VENLES COM	7		
injury, or		ant conditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 10	1
shows any	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYI	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	200 AUTOPSY? 205, IF	YES, WERE FINDIN RTIFYING CAUSES YES [GS USED OF DEATH?
Mentol Hyg or Item 18 sh	On contraction of Course	OF DEATH HOUR A.M. MONTH	DAY YEAR 216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	1B, PART 1 OR PART 2}	
s the bur ond Me	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d INJURY OCCURRI	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	CITY OR TOWN	COUNTY	STATE
of Health	22a I certify that (I) this saw the decrared of	1 17 1111	ond that in (my) (our) opinion	death accurred on the date and		that (1) (we) lost
Ild be detoched the Stote Dept. ORTANT: If Hem	226. SHOWN OFF	A 1111	DEGREE MATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	The DATE	25/75
APORTANT	JORGE B.	RAMIREZ, M.D.	22e ADDRESS	CAL DR., GLEN	2/10	061 /
- > >	22- BUDIAL CREATANION DELL		ALE OF CEMENTON OF COUNTY OF			H TATA ANT CITY

23t. MAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

230 DATE AGO OF BOREOUS TRANS SOCIATIONS

BP_ DHMH - 16 50M 7/77 (VR A 15 (4)) 230. BURIAL, CREMATION, REMOVAL

236. DATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. I	7	9	_	1	0	6	8	2
RFC2	NED.	~			_			

			FOR	DEPARTMENT	F HEALTH AND MENTAL HYGIE	NE	10002
	1		STATE REGISTRAR	MEDICAL EXAM	INER'S CERTIFICATE OF DE	ATH REG. NO. 9 -	10002
W	1)		CEASED NAME FIRST	MIDDLE	LASY	20. DATE KNOWN X MONTH	DAY YEAR 26. HOUR
	1	(1117		ary	Martin	DEATH MATED 5	23 19 79 M
	5191	1. SEX	10.20	5 DATE OF BIRTH 6. AGE (I	NYEARS IF UNDER 1 YR. IF UNDER 24 HR.	5. 2c DATE MONTH PRONOUNCED	DAY YEAR 124 HOUR 12:25
16	000 O		ale white	1 26 55 24	YRS.	DEAD 5	23 19 /9 p. M
W 1	温泉 日 クタ	Ju Bi	RTHPLACE (STATEON	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
	THE TOTAL		OHIO	U, S. A.	WIDOWED DIVORCED		County MD.
<u> </u>	A COLERAN	1	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING HO		OR MOST OF WORKING LIFE)	OR INDUSTRY
SELA	04 80 1		Glen Burnie	North Arundel Hos	pital	SOLDIER	
10 ×	SORE ORE	13e 51	TATE 136 COUNT			TREET ADDRESS	3 1 5-
212 IF A	SHO SHO	11.51	UIVA.	HUNTIN	IS MOTHER'S MAIDEN NA	21 + WASHINGT	ONSI
MD.	WE AND WITH	IN FA	THER'S NAME	MIDDLE LAST	FIRST	(NIAA A /)	I name
ORE,	A A A A A A A A A A A A A A A A A A A	16a. V	VAS DECEASED EVER IN U.S. AR	AED FORCES? 16b. SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRESS Q41	TOAMS
TIMO	SES ON S			285-56-	8398 ROBURA G	MARTIN-HUNTI	5 WASHINGTON
BAL	WITH WITH DIVIS		18 CAUSE OF DEATH (Enter on	y ane cause per line for (o), (b), and (c).	WIS INDIVERSE	TAILLAND HONE	APPROXIMATE INTERVAL
ST.,	Z Z J Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		PART I DEATH WAS CALISED	RY.	sceral and skeletal	injurios	BETWEEN ONSET AND DEATH
NO 1	ALOI PER GIEL	-	8169 IMMEDIA	DUE TO, OR AS A CONSEQUEN		Titlurres	
RESI	NSIT HOVA	1	Canditians, if any, which gove rise to immediate	(b)			
W. 9	TRA TRA REM		cause (a) stating the <u>under-</u>	DUE TO, OR AS A CONSEQUEN	CE OF		
301	OR ME		lying cause last.	(c)			
	A BU		PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)		
ECORDS,	PENDIN REALTH REMATI	CERTIFICATION					
NL RE	SED SED	CAI	190. DATE OF OPERATION	19b. CONDITION FOR WHICH C	PERATION WAS PERFORMED?		20 AUTOPSY?
VITA	ORD CH BE U	RTIFI		100 Thurs Of Manager	•		YES X NO
OF ATA	HE WORE CHULD BE U		210 EXTERNAL CAUSE WAS UNDERLYING X OR	216. TIME OF INJURY HOUR A.M. MONTH DAY	EAR	ER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	
DIVISION	AR LANG	MEDICAL	CONTRIBUTING CAUSE OF I	21e PLACE OF INJURY (AT HOM		in overturned t	ruck cab
OIVIS PER	PRICE DEP	MED		STREET, FACTORY, FARM, ETC.)	STREET		UNITY STATE
I HI	ATE, WITING FORWARDED DR: PAGE 3 HE STATE DER D, 21201 PRIC		AT WORK AT WORK	street	ramp Rt10 to East	RE/IU, AA	county MD
9	FICATE FOR TOR: THE S		22a. I certify that I taok charg	e of the remains described above, held o	n Autopsy X, Inspection	, Inquiry , and in my as	pinian
A N	BE E E		death resulted from: Notus	ol couses , Accident X	Suicide . Homicide . Unc	determined manner,	
N A	E CER OULD IL DIR H, WF		ACTUAL Urama	LA Olan MD	Assistant	DATE	5/24/79
4	NERAL DI DEATH, V		SIGNATURE	whom if	M.DM	EDICAL EXAMINER SIGNE	ED
Car	124700		EXAMINER'S NAME Virgi	nia L. Dolan, M.D.	111 Penn	St. Balto.,MD	21201
2	EXECUTE PAGE TO FULL PAGE AFTER BALTIM	73a B	(TYPE OR PRINT)		ADDRESS	LOCATION	
		(5	PECIFY	FAMI	1.11 - 11	UNTINGTON COU	NTY STATE
	BP	24. F	UNERA DIRECTOR	7 10		BY REGISTRAR 25b. REGISTRAR'S S	SIGNATURE
11	/R A15 ME (5))	X	NAME AND THE	ADDRESS ADDRESS	ALT UT AUN	12 1979 Kirton	y Malrody

rilarini.

0 -

Common le l'actav. Le mine

Asiana Kalenta asian'

en in million making brookly the after

1999

tra la cont

ret

Current of the control of the contro

Pres a river

after

certificate

deoth

thot

OR ATTENDING PHYSICIAN. The law attending physician.

etained by the haspital HOSPITAL

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH DECISTRAD

79 -	106	583	DST
DEATH MONITH	DAY	WF . B	100 140115

-7				REG. NO.	nor
46.3	1. DECEASED NAME FIRST	MIDDLE	ŁAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
n_{A}	JOSEPHI	NE sphia	MARTIN	5	28 79 12:45
1			ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
	Female		14 9, 1900	70	MONTHS DAYS HOURS MIN
			4 9, 1900	/9 YF	
		B CITIZEN OF WHAT COUNTRY?	RRIED NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
35	Manuland	// 4	OWED DIVORCED	ANNE ARUNDEL	
	10 CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HO		120 USUAL OCCUPATION	126. KIND OF BUSINESS C
Kill	Glen Burnie	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS		TOUSE wile	G LIFE) INDUSTRY
		NORTH ARUNDEL HOS		mouse were	Trune
20	139 STATE . LIST COUNT	Y 13c SITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	1101 24422
30	a d	rundel l'asadena	YES NO X	127 Brookfie	ld Rd. 21122
	14 FATHER'S NAME	DDLE AST.	15. MOTHER'S MAIDEN NAM	ME	LAST
183	Peter	Dockins	Rose		Unknown
	160 WAS DECEASED EVER IN U.S. ARM			ADDRESS	Md. 21122
11	(YES, NOOR UNKNOWN) (IF YES, GIVE V	VAR OR DATES) 215_28_5027	Mary E. Stin	ch.comb 129 Brook	kfield Rd., Paso
		2. 5-20-5027		(
55.7	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one couse per line to to , (b), and (c)	00 6000		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	IMMEDIATE	1 /// 1	ef carea	aona	
15	1629	DUE TO, OR AS A CONSEQUENCE C	DE 15 00	Lovo	
	Conditions, if any, which	* Llive	, with	. Cond	AND DESCRIPTION OF
	gove rise to immediate	10)	A-		
	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENTIL	DE Start		
		(c)			
		ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				
10	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	ATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
7	E .			YES NO	YES \ NO \
12	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
37	OR CONTRIBUTING CALIFE OF DEATH	n e	EAR		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19		
	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	Samurige D seguria	,	July 30	- /2	70
	27s.1 sertify that (I) (this baspita	all goeinded the declared from	2 5// 19/7	, to	, that (I) (we) la
	saw the deceased alive be-	1/1/2919//	and that in (my) (our) opinion	death occurred on the date and	hour and from the causes stated
	the signature (digligate nary	fearlighe body offer death.	DECREE		In nate design /
33	THE STORAGE /	6.01		MEDICAL STAFF	15/20/3
	XV/d		PHYSICIAN P	DIRECTOR PHYSICIAN	1/29//9
	224 PHYSIETANISCHAME LIVE CH	enty /	22e. ADDRESS	y-Marchael March	21061
	11/10-10-0	V .	1106 6	1 1 0 01	111 242.000
	AMAGTACIA E C				Burnie, Md.
1					
1	230 BURIAL, CREMATION, REMOVAL	1 1 1 11 1	OF CEMETERY OR CREMATORY	23d. LOCATION O CITY OR JOWN	COUNTY STATE
1	23a BURIAL, CREMATION, REMOVAL	5/31/1979 Holy	Cross Cemetery	Brooklyn Pk.	Anna Arundel M
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR	1 1 1 11 1	Cross Cemetery 250, DAT	O CITY OR JOWN	Anna Arundel M
	724 PHYSICIANS NAME (1995 CO.)	SUBONG	22e. ADDRESS 1406 Crain H	ighway S. Glen	111

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

		a stilling the	
	Tips ()	mission in the	Feedle
	Company 2		Sample
anni A'u atuo			yder Javide
Let Gamer Ladd A. 2012		tandakas Salama ara	
septimin)	0/10	6.689.60	5.00
Son is Marines El Control	wise . you	797-25-35	no.
	a contract		
The Story to your samely di	year of the	131/1979 1605	Latin
	Lieu Marin	Ten. V. Tiet Feel ads. , Tust	ceally h.l.

	1.	FOR STATE REGISTRAR				MENT OF I	E OF MARY LEALTH AND ICATE OF	MENTAL HYG	IENE REG. N	79-	1068	3 4
poge 3		CEASED NAME OR PRINTS	BEAT	PICE	MIDDLE	1/22	ER)		2ª DATE OF DEATH		3/ 79	26. HOUR 2.30 A
La Company	3 SE	×	4	RACE	/	5. DATE OF	DF BIRTH	9 YEAR 96	4 AGE (IN YEARS LAST BIR		FUNDER LYEAR	HOURS ME
W	7a Bi	RTHPLACE ISTATE OR FOR	neign 11 n Pent	ra. US	WHAT COUNTRY?	MARRIE WIDOWI	_	MARRIED	BALTIMORE CITY O			
filed with		Annapolis	rH 1		HOSPITAL, NURSING				TYP POYES CONFAT	ON WORKING LIFE	126 KIND OF	
auld be must be	130. S		NG HOME OR O 136 COUNT		130. CITY OR TOW Gambril	'N	134 INSIDE YES [CITY LIMITS?	130 STREET ADDRESS 1571 Defe	nse Hwi	1.	
and 2 sh		THER'S NAME FIRST	мі	DDLE	Steel	2		r's maiden nat first race	WIDDIE		unkni	own
rs. Pages 1		VAS DECEASED EVER I YES, NO OR UNKNOWN) NO	N U.S. ARM (IF YES, GIVE V		166 SOCIAL SECU 107-09-3		17 INFORM		ADDR Leele 32 0 2 l Hustisu	Vichol		ATE INTERVAL
n please remove carbon papers burial, cremation, ar removal. ry, or other troumatic event, the		Conditions, if ony, gove rise to imm couse (0), stating underlying couse	ediate the last.	DUE TO, C (b) DUE TO, C (c)	PONCES OR AS A CONSEQUI	ENCE OF	An.		lest	IDITION GIVE	3 Lu N IN PART 110	y
ene prior to bu	CERTIFICATION	198 DATE OF OPERAT	ION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDING	GS USED OF DEATH?
e as the burral-transit	MEDICAL CER	216. ACCIDENT WAS UNDO OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDICA 216. INJURY OCCURR) WHILE NOT WH AT WORK NOTIFY WO	AUSE OF DEATH LEXAMINER) ED	21e PLACE (AT HOME, ST	.M. MONTH DM. OF INJURY REET, FACTORY, OFFICE, I	AY YEAR 19 PARM, ETC.)	211 LOCAT STREE	ION	ED (ENTER NATURE OF INJU		COUNTY	STATE
Formed for us		22a.] certify that (I) (saw the decease above, (I) (we) (di 22b. SIGNATURE	d alive on _	41	3		131	y) (our) opinion of	death occurred on the d	FF _		
should be de with the Stote		224 PHYSICIAN'S NA	ME (TYPE OR F	FINT)	J MD		22e ADDRE					

HE BURIAL PREMATED 23b. DATE 23 NAME OF CEMETERY OR CREMATORY COUNTY 24 FUNERAL DIRECTOR TRANSIA REGISTRAR'S SIGNATURE 250. DATE R

126 KIND OF BUSINESS OR INDUSTRY____

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

_, that (I) (we) last

MD.

DHMH-16 20M (VRA 15, 4) 7/78

BP.

campletely filled in by the funeral director. I and 2 shauld be filed within 72 haurs off

natified at ance.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

79-	0	6	8	5
-----	---	---	---	---

	REGISTRAR	CE	KITTICATE OF DEAT	ın	REG. NO).			
	CEASED NAME FIRST	WIDDLE	LAST	20	DATE OF DEATH	MONTH DA	YEAR	26 HOU	R
(ITP)	ORPRINT) HELE	N	MATECK	1 7	5-5-79			17	Λ.,
3 SE			ATE OF BIRTH	A	AGE (IN YEARS LAST BIRTH	DAY1 I	F UNDER 1 YEAR	IF UNDER	24 MPS
1 00	7		MONTH DAY	YEAR			ONTHS DAYS	HOURS	MIN
	EMALE	WHITE 4	15/86		93	YRS			
	IRTHPLACE (STATE OR FOREIGN 76 OUNTRY)	CITIZEN OF WHAT COUNTRY?	ARRIED NEVER MARR	RIED []	BALTIMORE CITY OF	COUNTY C	OF DEATH		
P	OLAND	77 (7)	DOWED NORO		ANNE ARUN	IDEL (COUNTY	Y	MD.
10 C	ITY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING HO	OME OR OTHER INSTITUT		USUAL OCCUPATION		126 KIND O	F BUSINE	SSOR
R	ROOKIVN PARK	(IF.NOT IN SUCH FACILITY GIVE STREET LODGE	SI ANUE NI		YPE OF WORK FOR MOST OF HOMEMAKER		INDUSTRY		
USÜ	AL RESIDENCE (IF NURSING HOME OF OTH	TER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS	SSION)	1611	TOMBINETICET				
. 13a. :	STATE 136 COUNTY	113c CITY OR TOWN	13d INSIDE CITY LI		SIREET ADDRESS	NICT SENT	ATES		
		BROOKLYN	YES 🔼 NO		3617 BROC	DKLYN	AVE.		
	ATHER'S NAME	DIE LASTLAST	15. MOTHER'S MAI		MIDDLE		LAST	T	
C	ASIMER	KOLODZIEJSK	I BAR	RBARA					
160	WAS DECEASED EVER IN U.S. ARMED		NO. 17 INFORMANT		ADDRE:	SS Ra	1 to. 2	2122	5
1	YES NO OR UNKNOWN) (IF YES, GIVE WAI	214 54 88	35 Martha	Fiall	kowski 36	517 Bi	rookly	vn A	ve.
	10 CAUSE OF DEATH S							MATE INTER	
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY	1 4.5	10 (1)	14				WEOG	DEATH
	IMMEDIATE C	AUSE (o)	ne CV	[]			1 100	read	_
	4272	DUE TO, OR AS A CONSEQUENCE	OFRECIO						
	Canditions, if any, which	(b)	ASCUL	100					
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE	OF						
	underlying cause last	(6)					MAN		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)								
NO	COH	DD - Possill	2 1/000	WI	rearl				
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPER	RATION WAS PERFORMED	D	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED	
F					YES NOT		ING CAUSES		
- E	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	1214 HOW IN ILIPY	OCCUPPED	YES NO (ENTER NATURE OF INJURY	YES YES		NO [
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR THE THE	OCCORRED	(ENTER NATURE OF INJURY	IN HEM 18, PAR	I I OR PART 2)		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19						
₽ Q	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E	21f LOCATION STREET		CITY OR TOWN	N	COUNTY	ST.	ATE
1	AT WORK AT WORK								
	22a-1 certify that (I) (this haspital)	attended the deceased from	April 18, 19	78	, to lua	5 11	79	that (I) (v	ve) last
	saw the deceased alive an	April 28 1079	ond that in (my) (out	opinion dea	th occurred on the do	te and hour i	and from the	couses sta	ited
	above, (1) (and) (did not) viii 22b. SIGNATURE	ew the body ofter death.	DEGREE				22c. DATE S	SIGNED	
	1,4001	om-	1.	IDING A	MEDICAL STAF	F		0101120	
-	much			ICIAN D	RECTOR PHYSICI	AN [
	274 PHYSICIAN S. M. MAE (THE OR PRI		22e ADDRESS						
	EWALDO	WRISS M.	D.						
23a. I	BURIAL, CREMATION, REMOVAL 2	236 DATE 236 NAME	OF CEMETERY OR CREM	ATORY	23d LOCATION		OUNTRY	STA	YE
1	BURIAL	1- 1	Cross cem		Brookly		A . A .	Md	
24 F	UNERAL DIRECTOR	Do 1		250. DATE RE			AR'S SIGNATI		
10	eorge J. Gonce	4001 Ritchie	lto 21225	MAY	1 1 1979	profit	y Mel.	reach	
U	eorge J. Gonce	AOOT WITCHIE	118 M.A	mm1.	1 4 101 0				

DHMH - 16 50M 1/76

TO HOSPITAL OR ATTENDING PHYSICIAN: The

etained by the hospital

BP.

or attending physician

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and cai should be detached for use as the burial-transit permit. Then please remaye carbonpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

IMPORTANT: If Hem 21 is morked at Item 18 shaws any injury, at other traumatic event, the

(VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony

may be

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10686

	REGISTRAR				REG. NO.	
	CEASED NAME FIRST OR PRINT)	WIDDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
,	PAUL	NMI	MC CI	REERY	MAY 16, 197	9 1:10 %
3. SE)		4. RACE	5. DATE OF BI	RTH YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
	Male	White	Sept.	8,1906	72 YRS.	
	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
	ennsylvania	U. S.A.	WIDOWED	DIVORCED	ANNE ARUNDEL	COUNTY MD.
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		THER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
G	LEN BURNIE	NORTH ARUND	EL HOS	PITAL	Truckdriver(126. KIND OF BUSINESS OR INDUSTRY JOrdan ret) Lumber Co
USU/	AL RESIDENCE (IF NURSING HOME OF			INSIDE CITY LIMITS?	13e STREET ADDRESS	
		A. GlenBur		S NO X	7855 Crilley	Rd.
_	THER'S NAME			MOTHER'S MAIDEN NAM		THE RESIDENCE THE
N	Milton	McCree	ry	Hannah	Mae	Robinson
	AS DECEASED EVER IN U.S. AR		JRITY NO. 17	INFORMANT (T	wife) ADDRESS Sal	me as #13
Ye	es, no or unknown) IIF yes, Giv	2180953	326 M	lrs. Anna N	M. McCreery	
NO	Conditions, if any, which gove rise to immediate couse (a), storing the underlying couse lost	DUE TO, OR AS A CONSEQUENCE TO OR AS A CONSEQ	ENCE OF PL	lmonon	Af afe) Chi ead NAL DISEASE OR CONDITION GI	BETWEEN ONSETAND DEATH APPECIATION OF THE ONSETAND DEATH ACCORD OF THE ONSETAND DEATH WEN IN PART 1(0)
MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION W	AS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	All I	AY YEAR	t. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
MEDI	216 INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I		STREET	CITY OR TOWN	COUNTY STATE
	AT WORK		<u> </u>	10 7	6 17/4	
	sow the deceased alive on	ital) attended the deceased from	20 /	, 19), 10	, 19, that (I) (we) lost
	abave, (1) (we) talid) (did no	attiview the bady after death.			leath accurred on the date and ha	
	226 SIGNATURE	aliani	DEG	ATTENDING _	MEDICAL STAFF	22c. DATE SIGNED
	22d PHYSICIAN'S NAME (TYPE OR PRINT)			ADDRESS 205 F	DIRECTOR PHYSICIAN	APOLIS BLVD.
	CHARTECH IZ	C M LIAALTAIL		GLEN	BURNIE MARY	LAND 21061
23a P	URIAL, CREMATION, REMOVAL	23b. DATE MAY 23c.1	NAME OF CEME	TERY OR CREMATORY	23d. LOCATION	27110 21001
11	urial Q	-		111 Cem.	Brooklyn	A A Md
	INTERAL DIRECTOR ALLE				REC'D. BY REGISTRAR 256. RPG S	
	NAME TO VAL	ADDRESS		Md. MAY	1 8 1979	gay/revery
-	rigie con Fur	neral Home, Gle	nBurni	0		

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or attending physicial

lon:	, Y	Yatanı			_111_9		
				99170		aJar.	
	uggi Jeanuan ende e			1613	mineve	Tenns	**
	יוויביות לפובל על כן ויפיב.	JAT1900	i nun	LITHON	314500		
	7855 Celling 28.						
						-11-	
	. Nogreens	amn A . Problem				20	
	ALTIFOR ATTROCES			HUITAN			
	. A. E. STVISTON						
1	Water States	Will be about	mungia.	erol (eye	N Hoose	don'te	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR		ALTH AND MENTAL HYGIENE	
	REGISTRAR		'S CERTIFICATE OF DEATH REG.	40.9-10001
	EASED NAME FIRST	MIDDLE	26. DATE KNOWN OF ESTI-	MONTH DAY YEAR
	PAR1S	L. M	CIRCITA DEATH MATED	177
3. SEX		MONTH DAY YEAR LAST BIRTHDAY)	IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTHS DAYS HOURS MIN. PRONOUNCED	MONTH DAY YEAR
70 916	RTHPLACE (STATE OR 7	b. CITIZEN OF WHAT COUNTRY?	DEAD	OR COUNTY OF DEATH
FOI	REIGN COUNTRY)	. N	ARRIED NEVER MARRIED	OR COUNTY OF BEATH
	Sh., D. C.	USA WI	OTHER INSTITUTION 120 USUAL OCCUPATION	TYPE OF WORK 112b. KIND OF BU
1	immen list	(IF NOT AN SUCH FACILITY, GBT REET ADDRESS)	FOR MOST OF WORKING LIFE) Dependent	OR INDUSTR
USUA	L RESIDENCE (IF IN NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION		
13o. S1	Va.	Alexandria	13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES NO 17818 Eagle 2	Avenue
14. FA	THER'S NAME		15. MOTHER'S MAIDEN NAME	LAST
1	Paul C	McGrath	Linda	Wear
160. W	'AS DECEASED EVER IN U.S. ARME S. NO. OR UNKNOWN) (IF YES, GIVE WA	D FORCES? 166 SOCIAL SECURITY NO		
	No	None	Peter J. McGrath, U	ncle,
	18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED I	one cause per line for (o), (b), and (c).)		APPROXIMATE BETYPEN ONSET
	63 A 9 IMMEDIATE	CAUSE (a)	enf	Just
7	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF		
10-	gave rise to immediate couse (o) stating the under-	(b) DUE TO, OR AS A CONSEQUENCE OF		
	lying couse last.	(6)		
	PART 2 OTNER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL E	DISEASE OR CONDITION GIVEN IN PART 1 (o).	
CERTIFICATION				
S	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED?	20. AUTOPSY?
E	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY 12	1c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM	YES 🗆
	UNDERLYING FOR	HOUR A.M. MONTH DAY YEAR	Service (Service National Or INJUNY IN ITEM	18 PART T OR PART 2)
MEDICAL	CONTRIBUTING CAUSE OF DE	21e PLACE OF INJURY (AT HOME	LOCATION	
W	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, RTC.)	her bert Bergaroun	COUNTY
		of the remains described above, held A	utopsy . Inspection . Inquiry .	and in my opinion
	death resulted from: Natural		Homicide Undetermined manner],
	010	1	TITLE/SPECIFY)	
	ACTUAL SIGNATURE	el El-	M.D. LEPUYS MEDICAL EXAMINER	DATE SIGNED 56-1
	EXAMINER'S NAME	1 mshanell	11 11 2	2
	(TYPE OR PRINT)	DATE IN NAME OF COURT	ADDRESS 23 LOCATION 23 LOCATION	
(5)	PECIFY)	-10-79 CEdar Hi	CITY OR TOWN	P.G. Maryl
24. FL		Wilhelm 4308 Sui		Gillian
F		Rd. Suitland		1

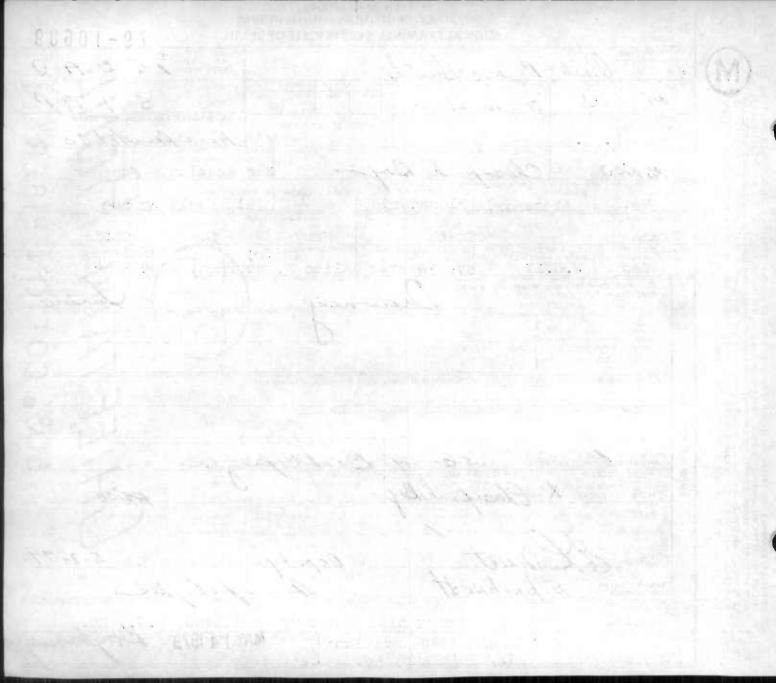
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH, IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 GIVE PAGES 1, 2, AND 3 TO THE THE ALD RECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 18 FILES. TO PUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURRAL TRANSIT PRESES 1 AND 2 SHOULD BE USED AS A HOURD BE USED AS A BURRAL TRANSIT PRESES 1 AND 2 SHOULD BE THE THE THOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS.

15M 7/77

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				_	-	-	^	
TH	REG. NO	9	-	0	6	8	8	

5 1	- STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. No. 7 9 - 1 0 6	88
	DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE LAST OF ESTI- DEATH MATED 5 6 197	2b. HOUR
3. S	pr w	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 7. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR LAST BIRTHDAY) DAYS HOURS MIN PRONOUNCED DEAD	AR 2d. HOUR
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wash D C	76. CITIZEN OF WHAT COUNTRY? II. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED ALVE ALVE OL L	MD
3/4	Inxepolis/	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF MOT IN SUCH FACILITY CAPE STREET ADDRESS) A NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF MOT IN SUCH FACILITY CAPE OF WORK 12b KIND OF OR INDU	BUSINESS STRY
130	Va.	Alexandria YESX NO 7818 Eagle Avenue	
1	Paul I	P. McGrath Sissipple Middle M. Abbot	
J. 160	. WAS DECEASED EVER IN U.S. ARME (YES, NO. OR UNKNOWN) (IF YES, GIVE WA	Unknown Peter J. McGrath, Brother,	nd, Md
Z		CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a):	Long
FICATIO	198 DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOP	
MEDICAL CERTIFICATION	The EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH INJURY OCCURRED	THE TIME OF INJURY HOUR AM. MONTH DAY YEAR EATH THE PLACE OF INJURY AT HOME THE LOCATION	100
5	AT WORK AT WORK	of the remains described above, held as Autopsy , Inspection , Inquiry , and in my opinion	10
4	death resulted from: Navoral		79
230	EXAMINER'S NAME (TYPE OR PRINT) BURIAL CREMATION REMOVAL 23b.	DATE 1236 NAME OF CEMETERY OF CREMATORY 1238 DOCATION	
	(SPECIFY)	-10-79 Cedar Hill Cemetery Suitland, P.G., Md.	STATE
)		Rd Suitland Md	way .



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonopaers. Pages 1 and 2 shauld be filled within 72 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

with the State Dept. at Health and mentar rystoms processes and the standard event, the medical examinAPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the medical examinations are standard to the stand

CTATE OF MARYLAND DEPA

TALE OF MARTLAND RTMENT OF HEALTH AND MENTAL HYGO CERTIFICATE OF DEATH	IENE REG. N	7	9 -	-	0 6	5 9	(
TAST	2. DATE OF DEATH	MONTH	DAY	VEAD	2.6	HOLL	2

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	. 19	- 10	090
	CEASED NAME	FIRST	A	AIDDLE	0	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
() I I E	Mar	-4		-015	me	Millan	5 26	179	1	1015 pm
3. SE	x		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTI	HDAY) IF UN	DER 1 YEAR	IF UNDER 24 HRS
f	Temale		Caus	cian	9	23 09	69	YRS	NS DATS	HOURS MIN
70 BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8					8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
T 1. TTC A					WIDOWE		Anne Arun	del Co.		MD.
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)						R OTHER INSTITUTION	12a USUAL OCCUPATE		NDUSTRY	F BUSINESS OR
	Annapolis		Anne A	rundel G	eneral	Hospital	Clerical -	lectr	ical	Union
130. 5	AL RESIDENCE (IF NURS)	136 COUN		13c CITY OR TOW	VN I	13d INSIDE CITY LIMITS? YES MO	13. SUREET ADDRESS 1649 Elkri	dge Rd.		
14 FA	ATHER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NAM				
	Samuel Si	ivers	NIDDLE	LASI		Lillie	MIDDLE	Huff	man last	27
	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE			Md.
(1	no	N/a	WAR OR DATES)	579-12-1	184	Lee R. Mc Mil	lan 4717 Ca	rdinal	Ave.,	Beltsvil
No	PART I. DEATH WAS CAUSED BY: Metastatic Colon Carcinoma Year									
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	206. IF YES, WE IN CERTIFYING	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)		
MEDICAL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING CHEETHER, NOTIFY MEDICA	ALEXAMINER)	216. TIME O HOUR A.I P.I	M. MONTH D	AY YEAR	216. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 3	OR PART 2)	
ME	WHILE AT WORK AT WO	HILE C	(AT HOME, STR	EET, FACTORY, OFFICE,	FARM, ETC.)	STREET 78	CITY OR TOW	n c	79 _	STATE
	220.1 certify that (1) (this haspital) attended the deceased from									
	22d PHYSICIAN'S NA	SUL SULLE OF	Wlo	lery		ATTENDING PHYSICIAN D	MEDICAL STAF DIRECTOR PHYSIC		5 J	27/79
	ENSER	W.	COLE	III		121 CATH	HEDRAL ST	- ANN	JAP	ocis
230, E	BURIAL, CREMATION, SPECIFY) Burial	REMOVAL	235-36-7		NAME OF C	est Cemetery	Annapol:	is, Md.	NTY	STATE

BP.

retained by the haspital ar attending physician.

DHMH - 16 50M 7/77 (VR A 15 (4))

Beall Funeral Home, 1212 West St., Annapolis, Mi.

FOR

136. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE A

0.000					
				MIN DA	
			Value Lan		
	Agen Assended Co.				altel
Hobal4	notated - include	in March 1	nne drum el Cenera	is a si	Logerica
	1600 Christee d.		redevois i locater	orara 1 th	4
		ožifal		exev£25	<u>E</u>
WEST OF !	.eva Danilers 7100 naff	Ling L. Ro El	461.1-01938	-7-	on
	.be allogerate	wist ome bary			Print Print

. No. of Consent Consent Sign Consent Line Consent Line

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove corbonpapers: Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

of once.

medicol

injury, or other troumotic event, th

IMPORTANT: If them 21 is morked or them 18 shows ony

STATE OF MARYLAND

REG. NO.	9	- 1	0	6	9	bs

1	1-	FOR STATE REGISTRAR			DEPAR		EALTH AND ME			79.	-106	9 DST
ı		CEASED NAME OR PRINT)	JESS		ALLEN		FORD,	JR.	MAY 2	7, 197	DAY YEAR	26. HOUR A. 4:00 M
	3 SEX	MALE		4 RACE WHI	TE	S. DATE O		917	6. AGE (IN YEARS LA	YRS		
1	M	RTHPLACE (STATE OR FO DUNTRY) ARYLAND		USA	WHAT COUNTR'	MARRIE		RCED	BALTIMORE CI	_		TY MD.
	GI	LEN BURN	IE/	NORTH	T'ATRUNE	DEL HO	SPITAL	NONTU	120. USUAL OCCL (TYPE OF WORK FOR M TECH . WE	OST OF WORKING	LIFE) INDUSTRY	OF BUSINESS OR
	130 S TE	NNESSEE	136 COUN	ITY	GIVE RESIDENCE BEF 13c CITY OR TO MEMPH	NWN		013	13e. STREET ADDR 6458 M		ROAD	
		JESSE		AIDDLE A	MEDF(15 MOTHER'S M FIRS LOU	ISE	MIDE		WILL	IAMS
	(Y	/AS DECEASED EVER es, no or unknown) NO	(IF YES, GIVE	WAR OR DATES)	214-0!	CURITY NO. 5-3001	MRS.	MARY			ame as (WIFE)	# 13
	NO	Conditions, if any, gove rise to improve (a), stating underlying cause	nediote ng the lost.	(c)	R AS A CONSEC R AS A CONSEC	DUENCE OF	NOT RELATED TO	O THE TERMI	INAL DISEASE OR	CONDITION G	EVEN IN PART I	(0)
	CERTIFICATION	190 DATE OF OPERA	TION	196. COND	ITION FOR WHIC	CH OPERATION	N WAS PERFORM	1ED	200 AUTOPSY?	IN CER	ES, WERE FIND FIFYING CAUSE YES	
	MEDICAL CER	210 ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR! WHILE NOT WI AT WORK AT WO	CAUSE OF DEA (AL EXAMINER)	TH HOUR A. P. 21e PLACE	M. MONTH M.	19	211. LOCATION STREET		ED (ENTER NATURE OF	R TOWN	S, PART 1 OR PART 2)	STATE
		22a certify that (I) sow the decess obove, (I) (we) (C 22b. SIGNATURE	(this hospit	2/3	7. 19	7C, on	DEGREE ATT	ENDING _	to	STAFF	our and from the	, that (I) (we) lost e couses stated E SIGNED
		ROBERT			CK, M.	D.	2205 B	ALTIM BURNI	ORE AND		S BOUL 21061	EVARD
	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION		COUNTY	STATE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

GLEN HAVEN MEM.

MAY'79 BURIAL HE (JELEN ADDRESS FUNERAL HOME, GLENBURNIE, MD 24 FUNERAL DIRECTOR SINGLETON

28 1979

M. PH. GLEN BURNIE A.A.

250 DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SYNAPRE

11 AV 28 1979

ROBERT E. KROGENICK, M.D.

CTEN BURILE, MIRKELLIE BOULENARD

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. FETAIN PAGE 5 FOR YOU TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 PUNERAL DIRECTOR: PAGE 3 SHOULD BE FILED. WITHIN 72 BALTER DEATH. WITH THE STATE DEFARTAMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W PRESTON BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

BP **DHMH-17** (VR A15 ME (5)) 15M 7/76

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

yr.		REGISTRAR		MED	ICAL EXAMI	NER'S C	ERTIFICATE	OF DEA	ATH ,	EG. NO.	- 1003	3 4
		EASED NAME	FIRST		MIDDLE		LAST		20. DATE KNO	WN MONT	H DAY YEAR	26 HOUR
B	(TYPE	ORPRINT)	w	Lee		Me	e.HAX		OF ES		141079	11
	I. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UN	DER TYR. TEUND	ER 24 HRS.	2c. DATE	MONTH	DAY YEAR	2d HOUR
		Male	White		16 62	YRS. MONTH	S DAYS HOURS	MIN	PRONOUNCED DE AD	3	14 197	PAM
3	FOR	RTHPLACE (5) REIGH COUNTRY) Marula		USA	AT COUNTRY?	8. MARRIE	ED NEVERMA	RRIED [9 BALTIMORE	OR COU	NIY OF DEATH	
-	-	TY ER TOWN		11. NAME OF HOSP	TAL, NURSING HO			12a. US		ON (TYPE OF WOR	K 126 KIND OF B	
41	1/2	en Bu	RNIE	Nouth.	HRCINGE	1 4/0	spitaL		pervisor	r-(gmme	A	edit
1	1394ST	TATE	13) COUN		134 CITY OR JOWN		13d INSIDE CITY LIMITS	- 17 03	EET ADDRESS	en Dunn	Le, Ild.	27 067
Φ,		ryland		Arundes	19 Len Bur	rie	YES NOX			led Pos	t (incle	
20	14 FA	THER'S NAME	/	MIDDLE	LAST	_4	15. MOTHER'S MA		MEDIA		Aulm	0.0
7			D EVER IN U.S. ARA		166. SOCIAL SECUR	enan.	IT INFORMANT		Al	DOMESS /	MI	244 22
*	(YE	s, no, or unkno	(IF YES, GIVE	WAR OR DATES)	212-10-56	576	Many Cla	na Gry	empleaR	t. asame	utical (ourt
		18. CAUSE O	F DEATH (Enter on! ATH WAS CAUSED	y ane cause per line l	far (a), (b), and (c).)	1 5	(//.	1	11		III ONS	TE INTERVAL ET AND DEATH
		11/1	IMMEDIAT	E CAUSE (a)	CONSEQUENC	ul	pylin	1100			THES	
		Canditia	ns, if any, which	000	PACONSEQUENC	EOF	/					
			se to immediate stating the under-	(b)	AS A CONSEQUENC	F OF	-	-		-	-	
		lying cau		(c)								
		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH D	UT NOT RELATED TO THE TE	ERMINAL OISEASE	OR CONDITION GIVEN IN	PART 1 a.				
	NO							5 5 -				
-	FICATION	19a. DATE OF	OPERATION	19b. CONDITI	ION FOR WHICH OP	ERATION W.	AS PERFORMED?				20 AUTOPS	Y?
Ø.	TIE				Ber and	34000		Der C			YES 🗌	NO T
3	CERTI	210. EXTERNA	L CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY YE	AR 21c HC	OW INJURY OCCUR	RED LENTER	NATURE OF INJURY IF	TITEM 18 PART 1 OR	PART 2)	
	MEDICAL	CONTRIBUTI	NG CAUSE OF D									
	MED	21d. INJURY (NOT WHILE C		FINJURY (AT HOME, DRY, FARM, ETC.)		TREET		CITY OF TOWN		COUNTY	STATE
		AT WORK	AT WORK	<u> </u>								
		22a. I certi	fy that I tags sharp	remains desc	ribed abave, held an	Autops	sy 🔲 , Inspec	tian .	Inquiry	, and in my	apinian	
		, death result	ed troy	nl agree	Accident .	Suicide	, Hamicide	Undef	fermined manner			
		ACTUAL /	2/	2 de	W.		PARIS (SPECIFY)	a		2	E 5-14	1-79
-		SIGNAT	9/m	-//	1/	M.	1 February	MED	ICAL EXAMINE	1	NED	
0		(TYPE OR PRI	NAME NT)	- LINAX	ard.		ADDRESS /	cour	gole	Me	1	
	230.BL	PECIFY	TION, REMOVAL 2	3b. DATE	23: NAME OF C	EMETERY O	R CREMATORY	234	OCATION	C	OUNTY	STATE
			nation	5/17/79		- V	cess, Inc	Car	tonsvill	e Balti	more Man	yland
	MC FL	PAME !	if warding	and lich	Neck Road		sadend, DA	TE REC D. BY	Y REGISTRAR 2	B REGISTAR	STIGNATURE !	ada
		Curry	· urcerance /	inte of 10	isadena	Md.	21122	MAY	13/B	hard	7	7

a Lee of the surfer - 15 M The section of the man will be X Kenny Kingger Land The Samuel of many that the said of the said that the said of the state of the state of the same of the state of the st All the state of t Me for the form of the section of the Compatible - 1707 Product Compacts was compact a de line of the Control of the contro

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10000

1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10. 19.	- I U	093	
	CEASED NAME	FIRST	A	NIDOLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR	
,		ther	e F.	V.	Me4	ers.	5-2-79			d p	М
3. SE	M. Male		RACE	ucasi	s. DATE C	5.14 ^{DAY} 189 ⁴⁴	6. AGE (IN YEARS LAST BIR	RTHDAY] IF UNI	DER I YEAR	HOURS MIN	and the last of
	RTHPLACE ISTATE OR FO	DREIGN 7	L CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY		HTAS		
	Taryland		USA		WIDOWE		Anne Ar	undel			MD.
10. CI	TY OR TOWN OF DEA		(IF NOT IN SUC	H FACILITY, GIVE S		or other institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Meter Re	OF WORKING LIFE) IN	UDUSTRY	OF BUSINESS C	OR E
USU	AL RESIDENCE (IF NURS	ING HOME OR	THER INSTITUTION,	GIVE RESIDENCE &	SEFORE ADMISSION)				a_		
	Md.	136 COUN	TY C	len E	Burnie	136, INSIDE CITY LIMITS? YES NO 18	7847 AM	erican	a Ci	rcle	
14. FA	John	M	IDDLE	Mey	rers	Matilda	MIDDLE		LAS		
	VAS DECEASED EVER		NED FORCES?	166 SOCIALS	SECURITY NO. 05-4875	Mrs. Hele	ughter ADDR n Hartman	i,501 S	durn arat	ie, Md ;oga A	ve
	18. CAUSE OF DEAT PART I. DEATH W	AS CAUSED	one cause per BY: CAUSE (o)	line for (o), (b), and (c).)	en ms			APPROX BETWEEN	ONSET AND DEAT	l u
	496 - Canditions, if any		DUE TO, OF	R AS A CONSE	EQUENCE OF	(OPD)			14.	yer	-
	gave rise to im- cause (a), statir underlying couse	ng the	DUE TO, OF	R AS A CONSI	OUENCE OF					7	
NO	PART 2. OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR COM	IDITION GIVEN I	PART 1	01	
CERTIFICATION	19a. DATE OF OPERA	TION	1%. CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORMED	YES NO	206. IF YES, WE IN CERTIFYING YES	CAUSES		
	21a. ACCIDENT WAS UNION CONTRIBUTING	CAUSE OF DEAT	HOUR A	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURE	JRY IN ITEM 18, PART 1	OR PART 2)		
MEDICAL	214. INJURY OCCUR	HILE [21e. PLACE (OF INJURY SEET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	IWN C	OUNTY	STATE	
1	22a.1 certify tha (1) saw the decreas above, (1) (we) (ed olive an_	37	130	791	nd that in (my) (our) opinion	deoth occurred on the c				
	22b SIGNATURE	3	R	eal	un	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF	22c. DATE	SIGNED	_
	PBF0	AME (TYPE OR	PRINT)			54000f	el (out	-tos	Zano	elsells!	lu-
23a (BURIAL, CREMATION, SPECIFY) Buria	REMOVAL	5May	79	Glen H	emetery or crematory aven Mem. Pl	GTen B1	urnie COU	AA,	Md. STATE	

BP. DHMH - 16 25M |VR A 15 (4)) 9/74

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Funeral dissolubbe detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 shauld be filed within 72 to with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or offending physicia

injury, ar other traumatic event, the medical exam

IMPORTANT: If them 21 is marked or them 18 shows ony

director, page 3

James S. S. Kirkley, Glen Burnie, Md. MAY 4 1979

					.V . z		
		1/1	4.0.5.	. de lumbu	aquel=		eris je
	Telling.		* M				
.0714	100000			tine ton It	Las Ivi		de se a
fored so	policeni			e Lauret	iest.		
		Report HIRE		Sittle Apr			1450
NOT WELL	100,00		neden . m	strong * glaves		I	5.07
			A Hast				
	100						
					A C		
						- A	

. Discuss of the line of the country of the country

ath. Pages may be

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH

79-10694

	REGISTRAR			CERTIFI	CAILOID	LAIN	REG. N	10.		
	ECEASED NAME FIRST		MIDDLE	LA	ST		20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUD O
,,,,,	MARI	1 6.	M	1cm	ILLIA	ms	4	05 02	79	100
3 SE	X	1 RACE	5	DATE OF	BIRTH		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	
	F	1	N	MONTH O9	10	05	73	YRS. MOR	NTH5 DAYS	HOURS MIN
	BALLO, Md.		77 _ ()	MARRIED	NEVER M		Anne Aru			MD
	Annapolis		HOSPITAL, NURSING HE GLITY, GIVE STREET ADD	HOME OF	OTHER INST	TUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST)			OF BUSINESS OR
13a	STATE 136 Bal		GIVE RESIDENCE BEFORE AE 136. BY TRATOWN		13d INSIDE CI	TY LIMITS?	13e STREET ADDRESS	berty F	kwy.	
14. F	ATHER'S NAME FIRST Sam. el E.	Good	LAST			MAIDEN NAM IRST	Kappler Kappler		LAS	SŤ
160	WAS DECEASED EVER IN U.S AR	MED FORCES?	16128931AD7CU7	746	17 INFORMAL		ADDR	ESS	- 1	M. 21122
	(YES, NO NO UNKNOWN) (IF YES, GIVI		215-07-10	285	Mrs. E	dith M.	Gembicki	-7669 S	to Pa	sadenaria
	18 CAUSE OF DEATH (Enter or		line for (a), (b), and (0 . (,)	1 1 .		BETWEEN	ONSET AND DEATH
	PART 1. DEATH WAS CAUSE	TE CAUSE (0)	Meta	stat	EC L	reast	- Carcus	ioma.	46	years
	1749	DUE TO, O	R AS A CONSEQUEN	CE OF					1	
	Conditions, if any, which	(.bl_								
	gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUEN	CE OF						
	underlying couse lost	((c)								
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT N	NOT RELATED	TO THE TERMIN	VAL DISEASE OR CON	IDITION GIVEN	IN PART 1	01
i i	Atheros		c ar	0000	Vascer	lar t	118lase			Define
CERTIFICATION	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH OF	PERATION	WAS PERFOI	RMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYIN YES [NG CAUSES	NGS USED S OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	1 110110 1		YEAR	The HOW IN.	URY OCCURRE	D (ENTER NATURE OF INJU	JRY IN ITEM 18, PART	1 OR PART 2)	T. T. T.
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	NIN .		19						
AED!	21d. INJURY OCCURRED	21e PLACE	OF INJURY SEET, FACTORY, OFFICE, FARA	A, ETC.)	211 LOCATIO STREET	7	CITY OR TO	OWN	COUNTY	STATE
-	AT WORK AT WORK			C	1 1	70	5/2		79	
	220.1 certify that (1) this hospi				rem per	. 19	_, to	. 19		that (1) we) lost
	saw the deceased alive on above (1)(we) and (did no	5/2/	ofter death.	, one	I that in my	our) opinion de	eath occurred on the c	date and hour a	nd from the	couses stated
	276 SIGNATURE	11/2	la -111	_ D	EGREE A	TENDING .	MEDICAL STA	AFF	22c. DATE	SIGNED
	Corre	1 0000			Р	HYSICIAN D	DIRECTOR PHYSI		1 01.	2117
	ENSER V		CE III		121 (DRAL ST		VAPO	US Md.
23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Birial	236 DATE 5-5-7		ME OF CE	metery or c					STATE
24. F	UNERAL DIRECTOR	1 - 61.1	5 Belair R	04 _ 2	1206	25a. DATE	REC'D. BY REGISTRAF	256 REGISTRA	R'S SIGNAT	TURE
	jonn (. Incher	Inc-041	J Demor M	VL -2	1200	MAY	V 8 1070	P. 1	for 1	0

BP______ DHMH - 16 50M 1/76 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etained by the haspital ar

attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hawith the State Dept of Health and Mental Hygiene prior ta burial, cremation, ar removal.

injury, ar ather traumatic event, th

IMPORTANT: If them 21 is marked or them 18 shows any

- FRAGI-	01						
		E Charles					1
in the same	Shell a mod				and Maria	rd.	over to,
To the second	. 146		Latine son	mond			si) wanne
New York	STA UNear	× 1		Pallin.	.03	725	SE MIT
	is vap in	pun .				3 300	0.1
The Markward	No lesional :	100	935 /54.	· ·			
.5	eller.				Streke prose	lini	NA.
				elain	Inc-04/5	idler	Jain C

	orge.	597.	550	22	so.	
	-91	364	777.	422	-5	
	-95	w	126	묜		
	35	×	æ	25	=	
	34	<u>,-</u>	35	珊.	-52	46
	45	in.	35	**	10.2	
	-	52	-	W	4	
	- 100	-	April .	480	æ	
	500	date.	4	1	26	
	36	ನೂ	æ	25	æ	п
=	790	o	ω.	Æ,	w	н
2	15	2:	AD4	×	5.0	
575	-	-	ar.	v	Não:	
100	Mar.			æ	#	
DI-		63	~	403	ш	
22	-	575	75	100	æ	
R	184	1.0	-	23	-	
25	.52	Œ	28	B	-50	
-	-22	MI.	,	:765	-07	
w	- 700	400	-	33	34	
W .	1945	13	-80	-	-85	
8	i dec	-2	æ	_	-35	
× .	Till (m.	ю	762	-2:	
2	365	-	SE.	APE.	×	
-	186	360	=	ME	-32	
55	175	2	×	O	100	
46	100	15	-	4	30	
-	- Ni	75	5	(L	-	
-	-5	and.	36		0	
DIVISION OF VITAL RECORDS, 301-W. PRESTON ST., BALTIMORE, MD. 31201	6	크		=	11)	
-	120	-	40	=	1664	
87	-	5	28.	350	-20	
9	- 100	33	8	100	:03	
20	174	=	ઝત	394	腔	
0	122	-	크	-	:0	
844	72	-72	.75	-	261	-3
303	=	-61	4	=	æ	S
w	-	153	35	:52	5	3
× .	:=	Ħ	李	3	-2	4
B4	-2	32	金	25	22	3
-	2	æ	-6	œ	79	ū
5	0	·iii	:5	95	250	ā
(5)	-10	160	-25	æ	-25	-
=	:45		:25	35	-2	-38
0	- 25	æ	398	=	22	ж
m	10		22	=		i.
25	: 100	12	- 26	26	-2	- 3
W1	192	-65			- 40	æ
-	1942	-9	-22	46	-	-2
281	WIII	200	0	163	E	*
0	120	0	-	A/Y	Are:	-
Ö	-500	79	-32	-46	-5	- 3
-	- D	56	-75	133	120	44
707	-	æ	ш.	- 02	32	38
_	0	5	LLJ	W	100	TE.
7	0	-	=	63	111	13
-	¥		7	\supset	0	-
	***	CK.	U	***	0	4
5	07	0		200	100	ä
	W	>	1		Z	=
-	Iron	-	I	0	ш	~
0	4	U.J	- Drawn	_	5	-
7	U	I	-	2	-	
-	6.5	F	0	0	04	F
0	-	1	-	T	4	C
10	2	O		10	0	7
V 1	1117	7	0		W	7
>	1 3	=	ш	3	0	0
=	-	1	0		_	0
	S	DC.	OC	35	111	-
	T	3	4	V	7	C
	- Ann	1	3	A	d	C
	-		2	0	10	-
	-	1	- C		0,	C
	14.1	1	V	OK.	143	
	70	13	N.	0	I	0
	6	Y		ber	-	7
	40	Mi	500	LI	7	4
	4	(produ	1,62	MI	hor	ķ
	4	OC	0	Or	-	3
	30	LL	7	=	5	0
	MI	U	-	0	1	4
_	-		7		70.7	4
	AL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NO	THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM IE. GIVE PAGES 1, 2, AND 3 TO THE FL	HOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALDING WITH FORM PM 3 RETAIN PAGE 5	RAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT PAGES APID 2 SHOULD BE FILED.	ATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL PROJECT DIVISION OF VITAL HECONDS, 301 W.	AND THE RESERVE OF THE PROPERTY OF THE PROPERT
	4	I	I	4	1	L

DHMH - 17

(VR A15 ME (5)) 15M 7/76

FOR STATE REGISTRAR			STATE OF HEADICAL EXAMINER		ENTAL HYGIEN	7.0	-10695
ECEASED NAME			MIDDLE	MODAN		20. DATE KNOWN A MONTH	- C1-21 - F1 - C - C1 - C1 - C1 - C1 - C1 - C1
	DENNI 1 RACE	5. DATE OF BIRTH MONTH DAY	6. AGE (IN YEARS)	MORAN IF UNDER 1 YR. MONTHS DAYS	IF UNDER 24 HRS.	24 DATE MONTH	DAY YEAR OF HOUR
FOREIGN COUNTRY)		1 19 76. CITIZEN OF WHA	1951 28 YRS. 8. A	MARRIED NE	VER MARRIED XX	9 BALTIMORE CITY OR COU	5 19 79 p M
Wash. D.	.C.	LIE NOT IN SUCH FACI	PITAL, NURSING HOME, OR CILITY, GIVE STREET ADDRESS) VIEW Dr.	VIDOWED [Anne Arundel GUAL OCCUPATION (TYPE OF WORT RMOST OF WORKING LIFE) Lectrician	
	113h COUNT	OR OTHER INSTITUTION, GIVE	/E RESIDENCE BEFORE ADMISSION) 13. CITY OR TOWN Mayo	13d. INSIDE (RET ADDRESS 31 Valley View	Dr.
FATHER'S NAME Thomas		ger	Moran Jr.		ER'S MAIDEN NAMI Lores	2100HA	Epp LAST
WAS DECEASED (YES, NO, OR UNKNOW	EVER IN U.S. ARM	WAR OR DATES)	166. SOCIAL SECURITY NO 220-56-1276		mant res Moran	Same as 13 e	
Canditions gave rise cause (a) s lying caus	IMMEDIAT ss, if any, which e ta immediate stating the under- se last.	ly ane cause per line for D BY: TE CAUSE (a) DUE TO, OR A (b) DUE TO, OR A	for (a), (b), and (c).) irrhosis of t AS A CONSEQUENCE OF AS A CONSEQUENCE OF				APPRÒXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO 18 CAUSE OF PART I DEA Canditions gave rise cause (a) s lying caus	F DEATH (Enter and ATH WAS CAUSED IMMEDIAT IS, if any, which e ta immediate stating the underse last.	ly ane cause per line for D BY: TE CAUSE (a) DUE TO, OR A (b) DUE TO, OR A	far (a), (b), and (c).) irrhosis of t AS A CONSEQUENCE OF	the liver	r	Same as 13 e	

NO NO PART CERTIFICATION 20. AUTOPSY? 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? YES KK NO 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 218. PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK and in my apinion 22a. I certify that I taak charge of the remains described above, held an Inspection Undetermined manner death resulted fram: TITLE (SPECIFY) DATE ACTUAL SIGNATURE Assistant MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St.

236. BURIAL, CREMATION, REMOVAL 236. DATE 5-8-79 23c. NAME OF CEMETERY OR CREMATORY Lakemont Cem.

ADDRESS.

Davidsonville 25e. DATE REC'D. BY REGISTRAR

COUNTY Md. A.A.

Burial 24. FUNERAL DIRECTOR Hardesty

(TYPE OR PRINT)

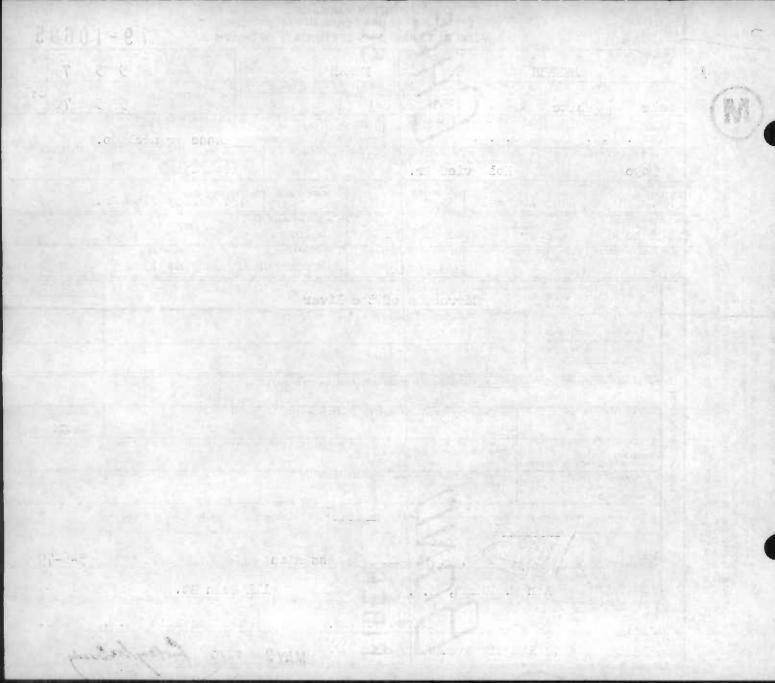
FOR - STAT REGI I. DECEAS TYPE OR PE

male 7a BIRTHP

Ma USUAL RES Md. 14 FATHER Thor 16c. WAS

12 RidgeTy Ave. Annapolis Md.

Ann M. Dixon, M.D.



within 24 hours requires that the death certificate be ATTENDING PHYSICIAN: The low

executed

examiner must be notified at once.

medicol

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10696

	1-	FOR STATE REGISTRAR		DEPARTA		IT OF HEALTH AND MENTAL HYGIENE 79-10696						
	I. DEC	CEASED NAME FIRST		MIDDLE	LA	ST				DAY YEAR	2b. HOUR	
		SARAH	A	9nes	Mos	sher		M	AY6	1979	140-PK	
	3. SEX	1-1	4 RACE		5. DATE O	OAY	YEAR	AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN	
	7.0 RIG	PEMALE ISTATE OR FOREIGN	1 1-	WHAT_COUNTRY?	Sep	3 18	86	BAITIMORE CITY O	YRS.	OFDEATH		
5	cc	Dennel	U.	SA	MARRIED	NEVER MAR	RRIED	Anne AR	andel	OFDEATH	MD.	
2	B	Berry Berry		HOSPITAL, NURSING FACILITY, GIVE STREET,		R OTHER INSTITU		TYPE OF WORK FOR MOST OF			MAKEN	
2	13a S	LERESIDENCE (IF NURSING HOME OF LIST COUP DEN N Dell	OTHERINSTITUTION NTY PWARE	13c. CITY OR TOW		13d. INSIDE CITY YES W		3e. STREET ADDRESS	LANO	1 Ter	RACE	
1	14. FA	THER'S NAME FIRST TAMES	WIDDLE	Daughe	ty	15. MOTHER'S M		E MIDDLE		LAS	ıī	
3		/AS DECEASED EVER IN U.S. AR ES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	190-16-	8698-	17. INFORMANT Beatly	rice- 6	Walsh 73		TRAIL	ARNOW Md.	
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Debilitation								BETWEEN C	MATE INTERVAL ONSET AND DEATH	
		436- Conditions, if ony, which (b) DUE TO, OR AS A CONSEQUENCE OF Advanced Senility										
		gove rise to immediate couse (o), stating the underlying couse lost										
	NOI	PART 2 OTHER SIGNIFICANT	1	ONTRIBUTING TO C	SPRSE			HALDISEASE OR CON	DITION GIV	EN IN PART 110	01	
2	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATION	WAS PERFORM	ED	20a AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES		
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	Y YEAR	21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJUI	1			
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE		ARM, ETC.)	211 LOCATION STREET		CITY OR TOV	VN .	COUNTY	STATE	
		22a. certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did as	MAY	4 19	79, one		19 <u>74</u> n) opinian de	enth occurred on the do			that (I) (see) last causes stoted	
		226. SIGNATURE	illis	MK) 0	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 220. DATE SIGNED 6 M/3 7 7 9					SIGNED 1779	
		724. PHYSICIAN'S NAME (TYPE C	reprint) Lis			7- R199	s A	ve Severn	a P	ark N	18RY/And	
	23a B	URIAI ACREMATION, REMOVAL PECIFY	5/9/	79 H	lame of ce	METERY OR CRE	N.	23d. LOCATION CITY OR TOWN	h /	COUNTY	Ja.	
	24 FU	MERAL DIRECTOR	1	ADDRESS	10	17.0	25a. DAV	14 8 RE 1979	25b. REQ [5]	PARTICIPATION	Marchy	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

etained by the hospital or attending physician

TO HOSPITAL OR

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the figshauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumatic event, the

	-1	
7	0	
0		

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9 -	1	0	6	9	7
DEC	NO					

	REGISTRAR			ICATE OF DEATH	REG. NO.				
	1. DECEASED NAME FIRST (TYPE OR PRINT) (also) ROSE	Rose	1	Moss IOSS	I STATE OF BEAUTY	979	YEAR	2b. HOUR 10:35 A	
	3 SEX	4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTHD		NDER I YEAR	IF UNDER 24 HRS.	
	Female	White	Non		86	YRS	THS DAYS	HOURS MIN	
i	To. BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY?	8.		9 BALTIMORE CITY OR	COUNTYOF	DEATH		
ò	COUNTRY) Louisana	USA	WIDOWE	DIVORCED D	ANNE ARUN	IDEL C	COUNT	Y MD.	
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME O		12a USUAL OCCUPATION	V I		F BUSINESS OR	
ý	GLEN BURNIE	NORTH ARUNDI	EL HO	SPITAL	Accountant		US Go	ovt.	
	USUAL RESIDENCE (IF NURSING HOME O			13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	000	175		
F		Arundel Glen Bu		YESX NO	135 North Me	adow I	rive		
	IL FATHER'S NAME			15 MOTHER'S MAIDEN NAM		adow 1	JIIVE		
'n	Victor H	. Sibille		FIRST	WIDDLE		LAS	T.	
4	160 WAS DECEASED EVER IN U.S. AF		RITY NO	Virginia 17. INFORMANT			Clay		
	(YES, NO OR UNKNOWN) [IF YES, GIV	/E WAR OR DATES)			1409 Quebe				
	Yes WWI	096-16-3	800	Kenneth C. Mc	Mary.	aryland 20783			
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), one	d (c	1 ~1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		TE CAUSE 10) Tabet	2	Petracido.	v.\$		day		
	2501	DUE TO, OR AS A CONSEQUE	NCE OF			1-3-1-1			
	Conditions, if any, which	(16) Cerebro	vas	enlar &	ten dont		dogo		
	gove rise to immediate cause 101, stating the	gove rise to immediate cause 101, stating the DUETO, OR AS A CONSEQUENCE OF.							
	underlying cause last		sele	rotiz Haa	-	yens			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TION GIVEN	IN PART 110		
	NO N								
	4 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		20b. IF YES, W			
9	Ĕ				YES T NOT	N CERTIFY IN	_	OF DEATH?	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR					
	OR CONTRIBUTING CAUSE OF DE			COLUMN TO SERVICE					
	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f. LOCATION					
	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOWN		COUNTY	STATE	
	220 1 certify that (I) (this hasp	ital) attended the deceased from_	1- 2	19. 28		. 19	20	that (I) (we) last	
	saw the deceased alive or abave, (1) (we) (did) (did no	of view the body atter death.	, on	d that in (my) (our) opinion o	leath occurred on the date	ond haur an	d fram the	couses stated	
	22b. SIGNATURE	2	4. 9	DEGREE	-		22c. DATE	SIGNED	
	May	2 1	m	ATTENDING PHYSICIAN	MEDICAL STAFF	ND	2-	8-11	
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		23x ADDRESS		113	21	.061	
	SANG C. DO	H, M.D.		95 AQUAHART	RD., GLEN	BURN !	E, MA	RYLAND	

BP

DHMH - 16 50M 7/77 (VR A 15 (4))

m 21 is marked or Item 18 shaws any

IMPORTANT. If he

TO FUNERAL DIRECTOR, After this certificate has should be detached for use as the burial-transit per with the State Dept of Health and Mental Hygiene

230. BURIAL, CREMATION, REMOVAL Burial May 11, 79

23c NAME OF CEMETERY OR CREMATORY Parklawn Cemetery

Rockville, Montgomery, Md.

Hines/Rinaldi Funeral Home S. S. Md. 20904

10001-01					
2000 E7-0 VB YANG	2864			L	
	10 E 4				
PINUS II SHUKA AMAA					
	HOLFITAL	Tan Titlerin	HTMOH :	a strong	GPEN
CALPOOS UKATTAN, BIKNUR MEJE, GR TAA	Harmy Se		.0.4		
	Lawy are			W L Dell'	

	- 4		
	1	M)
·	1 60	irecto.	•
i	deoth. P	uneral a	
	s ofter	by the fi	
	24 hour	filled in	
	d within	pletely f	
	executed	ond cam	
	ote be	ysicion o	vol.
	h certific	ding ph	or remo
	he deot	he atten	motion,
	s that t	ed by the	rriol, cre
	require	een sign	ior to bu
	The low	te hos b	giene pr
	SICIAN:	riol-tran	entol Hy
	IG PHYS	ter this s	W puo
	TENDIN	Or USE O	of Health
	OR AT	DIRECT tached f	Dept. c
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 mass etained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and campletely filled in by the funeral director, should be detached for use as the buriol-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filled within 72 hours with	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	O H	TO FI	with 1

STATE OF MARYLAND

79-10698

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7	5	690		
1. DECEASED NAME FIRST	WIDDLE	LAST	26. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR		
Cora	Bell	Nogule	May	29	79 9 A.	M	
3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH		ER I YEAR IF UNDER 24		
bemale	white	Oct. 28 1913	65	YRS.	DAYS HOURS A	MIN	
78. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	BALTIMORE CITY OF		ATH	-	
Laurel Md.	USA	WIDOWED V DIVORCED	Anne A	Arundel	. !!	MD.	
10. CITY OR TOWN OF DEATH Annapolis	Anne Arundel Ge	ng home or other institution tabbress, eneral Hosp.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF housewife	ON 12b.	KIND OF BUSINESS		
Q Md. 13b. COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR UNTY 13c. CITY OR TOW CROWNSO.	YES NO NO	Box 917 He	rald Har	rbour		
14 FATHER'S NAME FIRST UNKNOWN	MIDDLE LAST Hammon	15. MOTHER'S MAIDEN NA FIRST unknown	AME		IAST		
160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECU	URITY NO. 17 INFORMANT	ADDRE:	SS			
no no	101/ 2/ 1/	280 Oliver Nogi	ule Box 9	17 Crown	sville Md	1.	
Conditions, if ony, which gave rise to immediate cause IoI, stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND		PART I(a) E FINDINGS USED		
OF .			YES NOT		CAUSES OF DEATH?	1	
OR CONTRIBUTING CAUSE OF OF	P.M.	PAY YEAR	R 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)				
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.]	CITY OR TOWN	N COU	UNITY STATE		
saw the deceased alive an above, (1) (web) (did) (did in 22b. SIGNATURE) 22d. PHYSICIAN'S NAME TYPE (not) view the body offer death.	22e ADDRESS	MEDICAL STAFFIRECTOR PHYSICI	F IAN []	C. DATE SIGNED		
230. BURIAL, CREMATION, REMOVAL ISPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Our Lady of Fields	23d LOCATION CITY OF LOWN Millers	ville Md	STATE		

DHMH-16 60M 1/73

24 FUNERAL DIRECTOR
Haratesty Funeral Home 12 Ridgely Ave. Ann. Md.

Our Lady of Fields

elds Millersville Md.

1250 DATE REC'D. BY REGISTRAB 256. REGISTRADE SIGNATURAL

1979

IMPORTAINT: If them 21 is marked or them 18 shows any injury, ar other troumatic event, the medical exa

Take the food way to be a few and the state of the state of the state of the state of

N)	Market
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter deeth. Fage 4 mps the retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the firmful director, principles should be detached for use as the burnal-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filled within 71 haim after defined with the State Deat, of Health and Mental Hyanene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be partitled at three
TO F	Of Show	IMP.

STATE OF MARYLAND DEP

ARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	7	9 -	10	6	9	()

					STATI	OF MARYLAN	D				
1	FOR STATE			DEPARTM	ENT OF H	EALTH AND ME	NTAL HYG	IENE			0 0 0
	REGISTRAR				CERTIF	ICATE OF DE	ATH	REG. N	10 7	9 - 101	699
I. DE	CEASED NAME	FIRST		AIODLE	L	AST		2a DATE OF DEATH		DAY YEAR	2h HOUR
	OR PRINT)	ANNI	E	W-	1	lorris			5 1	11 79	615 am
3 SE	X	4	RACE		5 DATE C			6. AGE (IN YEARS LAST BH		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Femal	15	whi-	te	09	04	85	93	YRS.	MONTHS DAYS	HOURS MIN
	RTHPLACE ISTATE OR FO	REIGN 7	CITIZENOF	WHAT COUNTRY?	8	NEVER MA	DDIED []	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	St Mary C				WIDOWE	DIVO	RCED 🗌	Anne ARun			MD.
10 CI	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSING		R OTHER INSTIT	JIION	12a USUAL OCCUPAT		126 KIND OF	F BUSINESS OR
	Annapolis		Anne A	rundel Ge	eheral	L Hosp.		clerk	D7 WORKING (III	US GO	v't.
USU/ 13a. S	AL RESIDENCE (IF NURS	ING HOME OF O	THER INSTITUTION,	GIVE RESIDENCE BEFORE		13d. INSIDE CITY	LIMITS?	13e. STREET ADDRESS			
M	id.	A.A.(Davidsonv		YES 🗍 N	[Ko	3110 Davi	dsonvi	ille Rd	
14. FA	THER'S NAME	AA II	DDLE	LAST		15. MOTHER'S M		AE MIDDLE		LAST	
			1012	Barber		Mar		MIDDEL		Fores	
	VAS DECEASED EVER			166 SOCIAL SECUE		17 INFORMANT		ADDR	ESS		
17	YES, NO OR UNKNOWN)	(# YES, GIVE W	AR OR DATES)	578 14	7383					sonvill	е ка.
	no			37011		Mary V	Snyd	er Davi	dsonvi		21035
	18 CAUSE OF DEATH PART I. DEATH W			line for (a), (b), and		7.	0 1				NATE INTERVAL
	TAKTI DEATH W	IMMEDIATE		Cer	coral	TH.	arel	ION		601	275
	4246	1	DUE TO O	R AS A CONSEQUE	NICE OF 1	- 1		,			
	Conditions, if ony,	kiak	(eval	red o	Men	usclevusi	1	Tear	27
	gove rise to imn	nediote	(b)_	001	(() ()		11.00				
	couse (a), statin underlying couse		DUE TO, OI	R AS A CONSEQUE	NCE OF					of the state	
	ondertying coose	1031	((c)								
z	PART 2. OTHER SIGN	FIFE ANT CO	INDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR COM	IDITION GIV	VEN IN PART 10	
CERTIFICATION		TION	Tink COND	TION FOR WHICH	ODERATIO	LIMAS DEBLOOM		20a AUTOPSY?	Tank IE VE	S, WERE FINDIN	CE HEED
2	190 DATE OF OPERAT	ION	196 CONDI	IIION FOR WHICH	DPERATIO	N WAS PERFORM	VED.	ZUG AUTOPST:	IN CERTIF	FYING CAUSES	OF DEATH?
Ē								YES NO	YE	S [NO []
1 8	210. ACCIDENT WAS UND		21b. TIME O	FINJURY M. MONTH DA	VEAD	21c. HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18, P	PART 1 OR PART 2)	
¥	OR CONTRIBUTING		P.		19						
MEDICAL	21d INJURY OCCURE		21e PLACE		17	21f. LOCATION				490	
×	WHILE NOT WE	HILE	(AT HOME, STR	REET, FACTORY, OFFICE, FA	RM, ETC.]	STREET		CITY OR TO	WN	COUNTY	STATE
	22a I certify that	4	attended th	a decembed from			10 77	5/	11	1079	that (I) (we) lost
	saw the streeps	We on_	5/10	0 10 7	9	ed that io miv on	opinion c	leath occurred on the c	Inte and hou	ir and from the c	
	Spare (Blooks	id adid not	view the body	after depth							
1	276/AIGNATURE	UT.	. / /	1 10 /	(DEGREE	ENDING .	MEDICAL STA	re.	22c DATE S	SIGNED A
	mulus	IIFN	ung /	n H. ber	9131	PH CONCIN	YSICIAN L	DIRECTOR PHYS	CIAN	15/1	11/11
1	224. PHYSICIAN'S NA	ME (TYPE OR P	RINT)	-	1	220 ADDRESS		~ 1	11	11-	1 -1
1	Georg	e S	anda	rod		16 16	Fore	25) Ur.	mn	NO/15	WSI
23a E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CRI	MATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	Burial		5/14/	70 1	lingt	on Mati			ton Va		
	UNERAL DIRECTOR		J/ 14/		118 t	on Natl	nal DATE	REC'D BY REGISTRA		TRACE SIGNAT	RE Creade
Har	desty Fune	eral H	Оше	ADDRESS 12 R:	idgel	y Ave. A	1 11	HELD LAN	3	my y	7

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

E E U D (- 0)	
Liver of Tay Lines 1	Intelled Teachta segment a millermona to
.an AZAZYROGANIA DITE X	Li vac beta i colonia i i i i
.bl plineseise, offi	ELST WISH A LONG TO THE REAL PROPERTY AND A SHARE AND
The state of the s	the read of the base to the tree of the
and they would be to the second day.	
Salvania de la compania del compania del compania de la compania del la compania de la compania	de la

rector, page 3

moy be

within 24

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				-	=9	0	0
7	0		- 1	11	1	11	0
1	4	- Charles	1	U		U	0
	O		-				_

	1 -	FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	79-1	070	DST	
		SEX Female BIRTHPLACE (STATE OR FOREIGN 7% CITIZEN O			MIDDLE	L	AST	20. DATE OF DEATH	AONTH DAY	YEAR	26 HOUR	1
		FETVITA SEX FEMALE B. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland D. CITY OR TOWN OF DEATH 11. NAME COUFFOREIGN (IF NOT IN)		a I	Louise	Og	le	M	lay 28,	1979	5:30	
	3 SEX	Female S. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland D. CITY OR TOWN OF DEATH Glen Burnie USUAL RESIDENCE (IF NURSING HOME OR OTHER IN 136 STATE				5 DATE C		6 AGE (IN YEARS LAST BIRTH		NOER I YEAR	# UNOER 2	24 HRS
Temale White Sept. 6,1902 76 YRS.												
			REIGN			MARRIE	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH		
9						WIDOWE	DIVORCED [MD.
54			TH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESSI		(TYPE OF WORK FOR MOST OF	WORKING LIFE)	126. KIND O INDUSTRY OWN T		SS OR
5	USUA 130 S	AL RESIDENCE (IF NURSI	136 COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION]	13d. INSIDE CITY LIMITS?		rs Av	e.		
26		THER'S NAME FIRST		MIDDLE inton	Stall:	ings	15. MOTHER'S MAIDEN NAME FIRST	Amelia	Dub	berka		
7		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRES	@lenB	urnie	,Md	
	No			a a	214227	735	Mrs. Carol					
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU			TE CAUSE (o)	line for (0), (b), one	lac	asysto	le		BETWEEN	MATE INTERV INSET AND C	DEATH
	Ī	Conditions, if any, gove rise to imm couse (0), stating underlying couse	nediote g the	DUE TO, OI	R AS A CONSEQUE	NCE OF	VD	iest			The second	
	NO	PART 2 OTHER SIGN	IIFICANT O	107			NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN	IN PART 110	,	
2	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W AN CERTIFYIN YES	ERE FINDING CAUSES	IGS USED OF DEATH	H?
9		210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEA	21b. TIME O HOUR A	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURE	RED LENTER NATURE OF INJURY	IN ITEM 18, PART I	OR PART 2)		
	MEDICAL	21d INJURY OCCURR	OLE C	21e PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	N	COUNTY	STA	A1E
		saw the decease above (1) we) (d	d oliveren	5/	28 19 5		nd that in (my) (our) opinion (death occurred on the da	te and hour an			,
		Chris	4	140	fler	- 1	ATTENDING PHYSICIAN	MEDICAL STAF	IAN []	5/3	0/7	9
1		James J.		/	ъ			Empire Towers Burnie, Md.	s , 730 2106		chie	Hwy
	(8	URIAL, CREMATION, I	REMOVAL	236. DATE J			EMETERY OR CREMATORY VenMem . Pk .	23d LOCATION CITY OR TOWN		ути Ма	STA	TE
		ingleton	Fun	eral Ho	200		25a. DAT	E REC'D. BY REGISTRAR		No. of Land	4	

DHMH-16 50M7/77 (VR A 15 (4))

retained by the hospital or

BP

TO HOSPITAL

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled should be detached for use as the buriol-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MAPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumonts event, the medical examiner must

OR ATTENDING PHYSICIAN: The low requires that the death certificate be in hospital or ottending physician.

or and the second second	ept. 5,1902			
			. 2. / [bnalyza
Hopsewite loser home				Jan 1
ALT Rodours Ave.	2 P 9	Lenguelo		Pastyrs
Amelia Gubberka Glenburnia,78	gmad was	niille::0	colinbon	· / · / · / · ·
reduced) contil .5 my	5 Mrs. Caroli	erreekte.		0
the series of		70.		

тау ре within 24 hours after certificate be OR ATTENDING PHYSICIAN. The law requires that the death retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the medical examin

rector, page 3 urs after deoth

notified at ance.

ner must be

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10701

а		KEOISIKAK					REG. NO	٥.			
2	1 DEC	CEASED NAME RICHAR	d F		ENS		20 DATE OF DEATH	y 19	1979	3 HO	
-	3. SEX	MAle	Negro	S. DATE C	DAY	YEAR 904	6. AGE (IN YEARS LAST BIRTH	YRS	MONTHS DAY		MIN.
r.	CC	RTHPLACE (STATE OR FOREIGN 7) DUNTRY) RYLAND	CITIZEN OF WHAT COU	MARRIEI	NEVER MA	RRIED -	9. BALTIMORE CITY OF ANNE ARUN				
4	_		U.S.A. I. NAME OF HOSPITAL, N			UTION	120 USUAL OCCUPATE	NC	12b. KIND	OF BUSIN	MD. NESS OR
3	ANN	NAPOLIS	ANNE ARUNDEL	GENERAL	HOSPITA	L	(TYPE OF WORK FOR MOST OF	WORKING LI	(FE) INDUSTR		
S	MAF	RYLAND A.A	Y 13c. CITY O	RTOWN		10 🗆	13e. STREET ADDRESS 1825 Bowman	ı Dri	ve		
1	14 FA	THER'S NAME FIRST GRANT	DDIE 10	WENS	15. MOTHER'S A	OPHIA	MIDDLE		}	ÓWANS	
	N(VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES	0-2819	ARISTIN		ADDRES OE 1825 BOT		Annapol Dr.	.ks,	Md.
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY. Adva		Chronic 1	BrAIN	Syndron			MO -	ERVAL D DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON (b) Chron(DUE TO, OR AS A CON	c Alco	holism				MAn	y Yem	ns
	NO	PART 2. OTHER SIGNIFICANT CO	OF LIVE	F - A	NOT RELATED TO	O THE TERMI	INAL DISEASE OR COND	ITION GIV	VEN IN PART	l(o)	
2	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORA	NED	200 AUTOPSY?	IN CERTI	S, WERE FIND FYING CAUSE ES		ATH?
1		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MÉDICAL EXAMINER)	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJUR	r in ITEM 18,	PART 1 OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOW	И	COUNTY		STATE
		22a I certify that (I) (this haspital sow the deceased alive on above, (I) (we) (did) (did not)	17-17- PARI	7/	2 Feb , and that in (my) (a	19 <u>79</u> ur) opinion d		te ond hou	19 <u>79</u> ur and from th		(we) lost
		226 SIGNATURE				ENDING YSICIAN [MEDICAL STAF		22c. DA1	re signed	>
		T. C. CUL	LIS MI	1)	7-Rig	95 Au.	· Severna	PARK	MARY	land	21146
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 5-23-79	23c. NAME OF C	MEM. P	ARK	Annapolis	3 ,	COUNTY A.A.		land
		INERAL DIRECTOR LIAM REESE & SC	NS MORTUARY,		lis, Md.	VAY	REC'D. BY REGISTRAR	Sh. REGIS	, /	Crede	4

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO HOSPITAL

			0.0	
10101-61		HIPGS		
		3 (9)4		
				Lang
		AT DE L'OLUE :		TESTALIA
total named 2001		nuito Lista		- modrat
	AIRES			tue p
tog the towns in.	ari ustrati	0185-01-5 F3		
A SHEET WARRANT	Same Brew	No. of Section		
		Florida Total		
		11517		
Smilynd .s Physical	AND THE	MATERIAL PRO-		disting!
	. 5	ognuti/c		
		A.I , DIAVIE		

for, page 3 after death TO FUNERAL DIRECTOR, After this certificate has been signed by the offending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers, Pages 1 and 2 should be filed wit with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified. TENDING PHYSICIAN: The low retained by the haspital or attending physician.

TO HOSPITAL

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

notified of once.

STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

G. N	10.	7	9 -	1	0	7	0	2	
Н	нтиом		DAY	YE	A.R	2b	НО	UR	•

1	I. DEC	EASED NAME	FIRST	A	VIDDLE	L	AST		20. DATE O	F DEATH "		DAY YEAR	26 HOUR	
1	(TYPE	OR PRINT)	VILLAR	D (7 .	Ov	IENS			May	2,1	979	3:23	3 PM
Ì	3. SEX		4	RACE		5 DATE C			6 AGE (INY	EARS LAST BIRTH		IF UNDER TYEAR	IF UNDER 2	_
J		Male	500	Whi-	te	MONTH		1913		55	YRS.	MONTHS DAYS	HOURS	MIN
1	7a BIF	RTHPLACE ISTATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	XNEVER M	ADDIED [9 BALTIMO	RE CITY OR		OFDEATH	111	
2	N	.Carolir	na	U.S	5.	WIDOWE		ORCED	Aı	nne A	rund	el Co.	,	MD.
1	10 CI	Y OR TOWN OF DE			OSPITAL, NURSIN		R OTHER INST	TUTION		OCCUPATION FOR MOST OF		126 KIND O	FBUSINES	SOR
2	N.	Linthio		11 C:	ircle Dr	rive			10	e Ope		Md.Pc	rt A	luth
1	USUA 130. S		13b COUNTY		13c. CITY OR TOWN	4	13d INSIDE CI	TY LIMITS?	13e. STREET	ADDRESS				
	1	Md.	A.A.		N.Linth	nicum	YES 🗌	NO 🕅	11 (Circl	e Dr	ive		
	14 FA	THER'S NAME FIRST	MID	DLE	LAST		15. MOTHER'S	MAIDEN NAM	ME	WIDDLE	E T	LAS		
ď		Curti			Owens	160		nanda	2.70			Edwar	ds	_u_q
П		AS DECEASED EVEL	R IN U.S. ARME		166 SOCIAL SECUI		17 INFORMAL			ADDRES	S		No.	
		Yes	W.W	.II	214 16	8019	Emili	e D. C	wens	sam	e as		P.S.	
I		18 CAUSE OF DEA	TH Enter only	one couse per	line for (a), (b), and		1				11-11-	BETWEEN	MATE INTERV	AL EATH
1		PARTI DEATH	IMMEDIATE (tronic obs	TRUCTI	VE PULL	LONARY	DISE	ASE				
		496-		DUE TO, OF	AS A CONSEQUE	NCE OF								
		Conditions, if ony	y, which	(b)				Lieve	100				- 11	
1	/	couse 101, state underlying cous	ing the	DUE TO, OF	AS A CONSEQUE	NCE OF								15.00
1				((c)										
9	z	PART 2 OTHER SIG	SNIFICANT CO	1		EATH BUT	NOT RELATED	TO THE TERM	IN AL DISEAS	EORCOND	ITION GIV	EN IN PART 10	13	1000
4	ATIO	190 DATE OF OPERA	VIC HE	110h CONDI) TION FOR WHICH (OPERATIO	N WAS BEDEON	PAAED	200 AUTO	JPSY2	20h IE VES	, WERE FINDIN	ICE HEED	
	FFC	THE DATE OF CITER		178. CONDI	NOW YOR WINEIT	OI EKATIO	T WAS FERIOR	IMED			IN CERTIF	YING CAUSES	OF DEATH	3
Н	CERTIFICATION	21a. ACCIDENT WAS UP	NDERLYING	21b. TIME OF	INJURY		21c HOW IN.	URY OCCURR	YES TENTER NA	TURE OF INJURY	IN ITEM 18 P		NO 🗌	
4		OR CONTRIBUTING				Y YEAR	(in 1985)							120
1	MEDICAL	21d INJURY OCCUP		P.A 21e PLACE (OF INJURY	19	211. LOCATIO	N						
1	¥	WHILE NOT V	WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, FA	RM, ETC.)	STREET			CITY OR TOWN		COUNTY	STAT	E
		220 I certify that (I		ottended the	deceased from	5-1	8	19 70	, to	3-	2	19 79	that (I) (we	e) lost
1	8	sow the deceo	sed olive on	J-		9 . 01	d that in (my) (eur) opinion o	deoth occurre	d on the dot	e and hou	r and from the		
		22b. SIGNATULE		vew the body t	Oner debth	~	DEGREE	7.31				22c. DATE	SIGNED	
1		Min	itul.	un	- n	18	A P	TENDING HYSICIAN	MEDICAL	STAFF PHYSICIA	AN	5/3/	79	
		22d. PHYSICIAN'S N	AME (TYPE C	19471			22e ADDRESS		3 1 1			12/2/	1	
		Morto	n M. K	Kriege	r, M.D.			615 H	lammor	nds La	ane	(21225))	
1	23a. BI	URIAL, CREMATION		23b. DATE		AME OF C	EMETERY OR C	REMATORY	23d. LOCA	ATION		COUNTY	STATE	
1		Burial		5/5/7	79 C€	dar	Hill (Cem.	77	klyn	A.A	-Co N	_	
-1		NERAL DIRECTOR	794		ADDRESS			250. DATE	E REC'D, BY R	EGISTRAR 2	Sb. R. CASY	RAR'S SUNA	URE LE	
9	eo	rge J. G	fonce,	4001 I	Ritchie	Hg.,	Baltin	nore	± 13	13	/	7		- 1

3-10702		
	Page 152 and the second	
The market a		
ten polon i tro pres	Politic + State 18	46 Uro 16
	Wall of Incided . 4	
La de la la compa de la compa		
	0V	
I I I I I I I I I I I I I I I I I I I		polye)
		0

and completely filled in by the funeral director, page 3 and 2 shauld be filed within 72 hours after death

corbonpopers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Pwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANI: If them 21 is marked or them 18 shows any injury, or other traumotic event, the m

STATE OF MARYLAND

7	9	-	1	0	7	0	3

1	FOR STATE REGISTRAR			EALTH AND MENTAL HYC	GIENE Reg. N	79-	107	03
	ECEASED NAME FIRST	WIDOLE		AST	2a. DATE OF DEATH	MONTH DAY	YEAR	2h HOUR DST
L	ORALI			ALMER		22, 1979		10:35A M
3 SE		4 RACE	5. DATE (H OAY YEAR	6. AGE (IN YEARS LAST BI	RTHDAY) IF U		HOURS MIN
	Female	White		.18,1907	72	YRS.		
/s. 8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	MARRIE	D A NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
10.0	Virginia ITY OR TOWN OF DEATH	U.S.	WIDOWE	DIVORCED [ANNE ARU		INTY	MD.
100		(IF NOT IN SUCH FACILITY, O	GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	BUSINESS OR
USU	GLEN BURNIE AL RESIDENCE (IF NURSING HOME OF		UNDEL HOS	PITAL	Practical	Nurse		
130	Md.	VTY 13c CITY	ortown timore	138. INSIDE CITY LIMITS?	13e. STREET ADDRESS 4140 Ma	riban	Court	
14. F	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME		LAST	THE RESERVE
	Jenning	Lee Daul		Addie	В.			
160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES)	IAL SECURITY NO.	17 INFORMANT	ADDR			
	NO	212	26 2111	Gary Palme	r,757 217	th St.		
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line far (c), (b), and (c)	- 1 N	0		BETWEEN ON	ATE INTERVAL
		TE CAUSE (a)	DROVA.	scula Aca	i all	-		
	4280	DUE TO, OR AS A CO	DNSEQUENCE OF	1 At	.0	1 100		
	Conditions, if any, which gove rise to immediate	(b) ('3')	was some	- Rocard 1 c				
	couse (a), stating the underlying couse last	DUE TO, OR AS A CO	ONSEQUENCE OF					
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	NDITION GIVEN	IN PART 1(a)	
N O	Lactio Oc	ciders	1A5	COD				
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, W	ERE FINDING	GS USED
I E					YES NO	YES [NO 🗆
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MOI	NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1	OR PART 2}	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19					
MEO	WHILE NOT WHILE	210 PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
100	AT WORK			2 2 9	7/1	_	200	
	220 I certify that (1) (this haspi sow the deceased alive on	= 35	10 26 01	nd that in (my) (our) apinion	death occurred on the	date and hour an		not (1) (we) tast
10	obove, (I) (did) (did no	tiview the body after dea	th.	DEGREE			22c. DAJE SI	
10	no Ot	1	ha;	MC ATTENDING PHYSICIAN D	MEDICAL STA		7/2	2762
1	228 PHYSICIAN'S NAME OUT O	RFRP(T)		1220 ADDRESS			DOW	
	ROBERT B. KROO	OPNICK, M.D.			BALTIMORE-A			IVARD
230	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	Burial	5/25/1979	Cedar	Hill Cem.	Brookly	n Pk		O . Md .
24 F	UNERAL DIRECTOR	AF	DDBESS	25a. DA1	E REC'D. BY REGISTRAF	256. REGISTRAR		
Ge	orge J. Gonce	,4001 Rite	chie Hg.	, BaltimoreA	Y 2 5 1979	Lista	where	ander.
								7

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

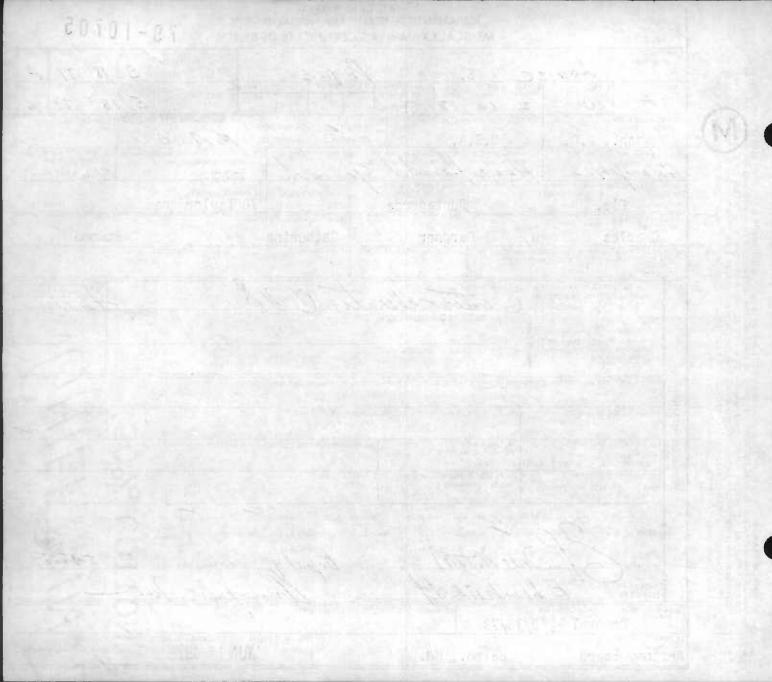
PHYSICIAN: The

retained by the haspital or attending physicia

60101-69			
	I.E. IDOZE	net erin	e.Faced
			A de la
- drwn Leo trans i			
trees neglect 3/14			
		dollar se	f glicure is
ty 257 217th St., Insectors.		D12 82 810	
Allen W. M. Markey	. mel era		reland
Sandara ASS PIRE IN			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-10704 CERTIFICATE OF DEATH page 3 1. DECEASED-NAME Middle Last 2o. DATE OF DEATH 2b. HOUR First (Type or print) Month 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) MONTHS DAYS HOURS CAUCASION ₩ith 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [7] DIVORCED 12o. USUAL OCCUPATION 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired INDUSTRY give street address) PRESTON STREET, BALTIMORE, MARYLAND 21201 mmo4 reased lived, if institution: Residence before. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 14. FATHER'S NAME 15. MOTHER'S MAIDEN MAME FIRST (Yes, no, or upknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause please × PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 301 DIVISION OF VITAL RECORDS, 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? permi CAUSES OF DEATH? d YES 🗀 NO 7 21a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) burial, OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notity medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HDME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State DEFICE BUILDING, ETC. While Not while at work 1976, to frese 22a. I certify that (1) (this haspital) attended the deceased from Hygier _19 \$\frac{1}{2}\$, and that in (my) (aur) apinian death accurred an the date and have and fram the saw the deceased alive an_ causes stated abave, (I) (we) (did nat) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED DIRECTOR DEGREE PHYS DIRECTOR 72d. PHYSICIAN'S 22e. ADDRESS NAME (Type) TO FUNERAL shauld of Heal 23b. DAYE REGISTRAK'S SIGNATURE DHMH-16 1/71 30M (VR A15 (4))

STATE OF MARYLAND



requires that the death certificate be

completely filled in by the funeral director, graps 1 and 2 should be filed within 72 hours ofter de

must be notified at ance.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

79-10706

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D		
		CEASED NAME FIRST OR PRINT) Pauline	Catherin	()	AST	20. DATE OF DEATH	MONTH DAY	YEAR 79	26. HOUR.
	3. SEX		4 RACE	5. DATE C	DE BYDTM	6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
	3. SEA	bemale	white		ich 14,1895	84		THS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH	
6		Blat. Md.	USA	WIDOWE	DIVORCED	Anne A	rundel		MD.
12.1	Anı	napolis	Anne Arunde	l Genero		(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	PF BUSINESS OR
5	Mo	AL RESIDENCE (IF NURSING HOME OR	THE CITY OR		YES (C) NO [13. STREET ADDRESS	St.		
21		THER'S NAME HEST	widosi Er	be	Lena Lena	MODEL		unkn	own
H		VAS DECEASED EVER IN U.S. AR	MED FORCES? THE SOCIAL	SECURITY NO.	II INFORMANT	ADDRE		18 10	
		по	- 215-74	-2230	Elaine King	256 Riv	erside	Rd. E	dgewater
1		II CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA!	ly one count per fine for ig . I D BY TE CAUSE (a)	b) and ic)	hist who	tros	Md.	2 A	MATE INTERVAL MISET AND DEATH
1		Conditions, if any, which	DUE TO, OR AS A COM	SEQUENCESOS.	I ather	relunis		Yes	ace
		gove rise to immediate source ion stating the sinderlying cause last	DUE TO, OR AS A POSIC	POUENCE BE	tersiers			Oye	ne
	NOI	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	G TO WATH BUT	NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN	N PART 10	01
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYIN YES [NG CAUSES	NGS USED OF DEATH? NO
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C		211 LOCATION STREET	CITY OR TOV	VN.	COUNTY	STATE
		220.1 certify that (1) (this hospi	ottol) attended the deceased to		nd that (my) (our) opinion of	, todeath occurred on the de	ote and hour o	29. nd from the	that (1) we) lost couses stated
		22h SHGINATURE	M. Fire	1,	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FIAN	17 DATE	51GNED -7179
1		221 PHYSCIAN'S NAME (TYPEO	h /A/	end	1616 Fox	est Pr. C	Truge	ilis	Md.
	23o. B	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 5/30/79	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN GLEN BU		Md	STATE
		UNERAL DIRECTOR NAME Hardesty Funera	el Home 12 Rid	gely Avo	Ann. Ma. MA	e rec'd. by registrar Y 2 9 1979	256. RESISTRA	R'S SIGNAT	ready

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and car should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 with the State Dept, of Health and Mental Hygiene prior to burnal, cremation, or removal.

PHYSICIAN: The low

retained by the haspital or attending physician. OR ATTENDING

TO HOSPITAL

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or attention

00101-61				
		and careful to		
		2110		
	Area Sala	534 /		
San San				
		The state of the s		
		The same	hadel.	
			W. I	
		Var. 44 V. F.A		
hampson hope of the time of the	Marian			

medical examiner

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

DEPARTMEN

FOR STATE

STATE OF MARYLAND IT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10707

REGISTRAR		CRITICALE OF DEATH	REG. NO.	
DECEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(TYPE OR PRINT) George	Edgar Pickett		May 31,1979	5.15 AN
3. SEX		DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	Cause.	July 25,1979 YEAR	51	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
Wash.D.C.	TTCA	MARRIED NEVER MARRIED	Anne Arunde	ol Co.
& CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION	126 KIND OF BUSINESS OF
Edgewater	713 London town	d.	Electrician-	etired
	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD.		lu croser conocco	
	e Arundel Edgewater	YES NO	13e STREET ADDRESS Londont	own Rd.
4. FATHER'S NAME		15. MOTHER'S MAIDEN NA	ME A	
Marshall A. H	ickett LAST	Grace	May MODE You	ng
60. WAS DECEASED EVER IN U.S.			ADDRESS	
YES, NO OR UNKNOWN] (IFYES, O	11 578-30-757	2 Doris May Pi	ickett same as	13a-e
IR CAUSE OF DEATH (Enter	anly ane cause per line lar (a), (b), and (c	1) 1	(APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	SED BY: (ATE CAUSE (0)	reinomato	Hes.	
IMMEDI	ATE CAUSE (0)			
Conditions of the board	DUE TO, OR AS A CONSEQUENC	.E OF		
Conditions, if ony, which gove rise to immediate	(b)			
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	TE OF		
onderlying coose lost.	((c)			
	T CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 100
I 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				
MODATE OF OPERATION	196. CONDITION FOR WHICH OP	ERATION WAS PERFORMED	20a AUTOPSY? 20b. II	FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
# L			YES NO NO	YES NO
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY		RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2]
OR CONTRIBUTING CAUSE OF C	DEATH	19		
(IF EITHER, NOTHY MEDICAL EXAMINI 21d. INJURY OCCURRED	21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM	211. LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE T	TAT HOME, STREET, FACTORY, OFFICE, FARM	, Erc.)	CIT ON TOWN	JINE
22a.1 certify that (I) (this has	ottended the deceased from	Det 19 70	10 April	, 19 19 , that (I) (we) los
sow the deceased alive a	not) view the body after death.	, and that in (my) (opinion	death occurred on the date and	hour and from the causes stated
22b. SIGNATURE	// / 1 \D	DEGREE		22c. DATE SIGNED
Xemo	me WITON	ATTENDING PHYSICIAN	MEDICAL STAFF	
224. PHYSICIAN'S NAME (TYPE		22e ADDRESS		
Leymont W. L.	ott, Md.	Davidson,	Maryland	
30. BURIAL, CREMATION, REMOVA	AL 23h-DATE	AE OF CEMETERY OR CREM COPY	123d LOCATION	122 100
Burial	23 June 2, 1979 23 La	kemont Memo. ard	ens cirobavidson	Vilde, M . STATE

DHMH-16 60M 1/73 (VR A 15 (4))

24 FUNERAL DIRECTOR BEAT 1 Funeral Home, 1212 West St, Annp., Md.

250. DATE REC'D. BY REGISTRAP 256. REGISTRAP'S SIGNATURE
JUN 4 1979

10101-01 attendil and outs con Caberral com . A madrel on EIC ___ Sail well-a ballered direct the Store valt dengt Jene 1 . Ifming Sent the month of stocking to the control of the co t , record , die, die , die TARREST OF THE PARTY OF THE PAR The alliversals - sachang out sample will still strewill the come of the till the till the

that the death

OR ATTENDING PHYSICIAN: The low

TO MOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 haurs after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MAPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatric event, the medical examiner must be notified at once.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	7	q	 1	0	7	0	8
).	Į.	0					DC

	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		79	-107	08
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF	REG. NO.	DAY YEAR	DST 2b. HOUR
П	(TYPE	ORPRINT) WELLER	Ε.	POLLARD	82.1	5	21 79	4:30 P
	3 SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEA	RS LAST BIRTHDAY)	# UNDER 1 YEAR	# UNDER 24 HRS
1		Male	White	MONTH DAY	FAR SOS	73 YRS.	MONTHS DAYS	HOURS MIN
		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	Y? 8	A 9 BALTIMOR	E CITY OR COUN	TY OF DEATH	
3		VA.	U.S.A.	MARRIED NEVER MARR		ARUNDEL		MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUT	IN 12a USUAL O		126. KIND O	F BUSINESS OR
삼	GH	en Bornie		HOSPITAL	Store	Magage	C 6000	Lycar
	USUA 13a S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEF		MITS? ISE STREET A	DDRESS.	/	
6		MD A	H. Severe	natack YES NO	B 61 C	1 BOX	288 A	1
	14 FA	THER'S NAME	WIDDLE, LAST	15 MOTHER'S MA	IDEN NAME	WIDDLE	, LAS	1
ď		Howard.	W. Pollar	ed Con	0.		Johns	01
		VAS DECEASED EVER IN U.S. ARI (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT		ADDRESS P.	hmondi	UA. 2322
		yes W.	111 /73-0	25-6/95 Mr. Ja	hn Follard	-1005	Barwo	od C.t.
1		CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b), (and (c.	-		BETWEEN	MATE INTERVAL ONSET AND DEATH
	12		E CAUSE (a)	ule 17	_		Hos	urs
7		4292	DUE TO, OR AS A CONSEO	UENCE OF			11/	
		Canditians, if any, which gove rise to immediate	(b) AC	VI)			1/de	arz
		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEO	UENCE OF				
			(c)					
	Z	DSONTACOMICANIC	1 (2) UT/ (3) //	DEATH BUT NOT RELATED TO T	DO DO GET	OR CONDITION G	IVEN IN PART 110	a princt in
2	CERTIFICATION	190 DATE OF OPERATION	9411 0//	CH OPERATION WAS PERFORMED	20a AUTOF	SY? 206. IF Y	ES, WERE FINDIN	NGS USED
1	IFIC				YES 🗇	_	TIFYING CAUSES	OF DEATH?
0	CERT	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW INJURY	OCCURRED (ENTER NATU			140
7.		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION				
8	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) STREET		CITY OR TOWN	COUNTY	STATE
			tol) attended the deceased from	march 19	78 , to 5	121	1979	that (I) (we) last
		sow the deceased olive on abave, (1) (we) (did) (did not	5/2/ 19	79 , and that in (my) (aur)	opinion death occurred	on the date and ha	our and from the	couses stated
П		226. SIGNATURE	To Comment of the control of the con	DEGREE	/		22c. DATE	SIGNED
		Burnara	long lt. a.	Clomo, M. PHYS	IDING MEDICAL	STAFF PHYSICIAN	5/2	175
		22d. PHYSICIAN'S NAME (TYPE OF		22'e ADDRÉSS				
		Bernardino A	. Alonso, M.D.	1406 Cr	ain Highway	, S. Gler		
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c	. NAME OF CEMETERY OR CREM	ATORY 23d LOCAT		gounty 210	OG1
		Bucial	5.24.79	Forest Lawn	en. K	chmone		V.A.
	24 FU	INERAL DIRECTOR	ADDRESS	501 Ritchie Huy	25a. DATE REC'D. BY RE	GISTRAR 256. REGIS	STRAR'S SIGNATI	URE
	/	robert S. Ba	rranco s	Severna Park	MAY 2 5 19	179 Ju	intray / ACC	Cready

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

BALTIMORE, MARYLAND 21201	
0	
6.4	
_	
C	
-	
Dr.	
-	
3	
-	
_	
-	
-	
48	
-	
m)	
-	
-	
Same.	
-	
Z	
_	
\circ	
-	
Born	
0,	
6.2.1	
-	
OC.	
-	
Side.	
-	
-	
4000	
_	
5	
0	
201	
201	
201	
5, 201 W. PRESTON ST.,	
5, 201	
35, 201	
DS, 201	
RDS, 201	
RDS, 201	
ORDS, 201	
ORDS, 201	
CORDS , 201	
CORDS, 201	
ECORDS, 201	
RECORDS, 201	
RECORDS, 201	
RECORDS, 201	
L RECORDS, 201	
AL RECORDS, 201	
AL RECORDS, 201	
TAL RECORDS, 201	
TAL RECORDS, 201	
ITAL RECORDS, 201	
VITAL RECORDS, 201	
VITAL RECORDS, 201	
VITAL RECORDS, 201	
F VITAL RECORDS, 201	
OF VITAL RECORDS, 201	
OF VITAL RECORDS, 201	
OF VITAL RECORDS, 201	
OF VITAL RECORDS, 201	
N OF VITAL RECORDS, 201	
IN OF VITAL RECORDS, 201	
ON OF VITAL RECORDS, 201	
ION OF VITAL RECORDS, 201	
HON OF VITAL RECORDS, 201	
SION OF VITAL RECORDS, 201	
ISION OF VITAL RECORDS, 201	
VISION OF VITAL RECORDS, 201	
VISION OF VITAL RECORDS, 201	
IVISION OF VITAL RECORDS, 201	
DIVISION OF VITAL RECORDS, 201	
DIVISION OF VITAL RECORDS, 201	
DIVISION OF VITAL RECORDS, 201	
DIVISION OF VITAL RECORDS, 201	
DIVISION OF VITAL RECORDS, 201	
DIVISION OF VITAL RECORDS, 201	
DIVISION OF VITAL RECORDS, 201	
DIVISION OF VITAL RECORDS, 201	
DIVISION OF VITAL RECORDS, 201	
DIVISION OF VITAL RECORDS, 201	
DIVISION OF VITAL RECORDS, 201	
DIVISION OF VITAL RECORDS, 201	
DIVISION OF VITAL RECORDS, 201	

1	It	ems 5,6 g533 7/	/23/79 gj STATE OF MARYLAND	
	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	79-10709
		CEASED NAME FIRST ORPRINT) GERTR	UDE PRICE	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR SOP
	3 SEX	FEMALE	NEGRO S. DATE OF BIRTH 1896	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
of once:	C	RTHPLACE (STATE OR FOREIGN DUNTRY) RYLAND	16 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWELL DIVORCED	Anne Arundel Cou. MD.
Politica Politica	A	mapolis, Md.	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION HENOTIN SUCH FACILITY, GIVE STREET APORES HOME Hrundel General Hosp	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) NUMBER OF WORK FOR MOST OF WORKING LIFE)
er must be	130 S	AL RESIDENCE IF MURSING HOME OF TATE 136, COUN Anne	Hrunde Annapolis YES NO 1	130 STREELADDRESS 1135 MADISON ST A-3
exomine		GEORGE	MIDDLE LAST COLLINS IS MOTHER'S MAIDEN N FREST ELIZA	BETH COLLINS
e medico		/AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVI	thed forces? 166 social security no. 17 informant 212-18-0979 NANCY QUEEN	ADDRESS Annapolis, Md. 1135 Madison St. Apt A3 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
injury, or other troumotic event, the	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN IN PART 110
lows ony	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	700. AUTOPSY? 700. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
or Hem 18 shows	MEDICAL CE	710. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	IRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
morked or	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE
21 is		sow the deceased alive on	ital attended the deceased from 19, ond that in (my) (our) opinio	n death accurred on the date and hour and from the causes stated
with the Stote Dept. IMPORTANT: If Item		27d. PHYSICIAN'S NAME (TYPE O	attending Physician	MEDICAL STAFF DIRECTOR PHYSICIAN STAFF
IMPORT.		AT. A	LLEN 1111 C	to though SI
	(URIAL, CREMATION, REMOVAL SPECIFY BURIAL	5-26-79 BREWER HILL CEMETER	Y Annapolis A.A. Maryland
/76		INERAL DIRECTOR LLIAM REESE &	ADDRESANNAPOLIS, Md. 250 D/ SONS MORTUARY, P.A. MAY	ATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

within

executed

deoth certificate

thot the

PHYSICIAN. The low

retained by the hospital or attending physician. ATTENDING

HOSPITAL 0

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	-	1	0	7	1	0
	-			-			

STATES.		REGISTRAR				ICATE OF DEATH	REG.	NO.			DS
5		CEASED NAME FIRST	TO PROPERTY	WIDDLE	L	AST	20. DATE OF DEATH		DAY YEA	2 b	HOUR
	,	Georg	e	Anthony	Puc	ciarella		Marr	5 10	70 7	7 • 00
	3 SEX		4 RACE		S. DATE O	F BIRTH	6 AGE (IN YEARS LAST		# ONDER 11	EAR #	UNDER 2
		Male	Whit	te	Feb	22 1918	61	YRS		YS HO	DURS
~		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIET	NEVER MARRIED	9 BALTIMORE CITY			1	
75	P	a •	U. S	. A.	WIDOWE		Anno Am	undal.	County		
F	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		PR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Sup. Payr	ATION ST OF WORKING	12h. KM G LIFE) LINDUS	DOF R	USINE
24	G1	en Burnie	North A	rundel Ho	spita	1	Sup.Payr	.Div	. Civ	Ll S	ser
	130 2		AE OR OTHER INSTITUTION OUNTY	Give residence before a lite city or jown GlenBur	nie	13d. INSIDE CITY LIMITS?	308 Mary	land	Ave.	(2:	1 06
		THER'S NAME FIRST	A. Pu	cciarell	a	Lucia FIRST	ME MIDDLE		Lar	die:	ri
		VAS DE CEASED EVER IN U.S. ES, NO OR UNKNOWN) IJE XES,	ARMED FORCES?	166 SOCIAL SECUR 1361624		17 INFORMANT (wif	e) ADD		me as rella	#1	3
		18 CAUSE OF DEATH (Ente	er anly ane cause per	line for (a) (b) and					API	ROXIMATI EN ONSE	EINTERV
		PART I DEATH WAS CA	USED BY.	CA	(2)	etata			Ü		CAN
injury, ar otne	NOI	cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICAL	(c)_	R AS A CONSEQUEN		NOT RELATED TO THE TERM	INAL DISEASE OR CC	ONDITION (GIVEN IN PAR	T I(o)	
9	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH C	OPERATION .	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FIN TIFYING CAU YES	SES OF	USED DEATH
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAME	F DEATH HOUR A.	M. MONTH DAY	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 1	B, PART I OR PART	2]	
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FAI	RM, ETC.)	211 LOCATION STREET	CITY OR 1	OWN	COUNTY		STAT
		AT WORK									
		22a. I certify that (I) (this his sow the deceased alive above, (I) (we) (did) (did	on	10		, 19	, to death occurred on the	date and h	19 nour and fram		
	<	220.1 certify that (I) (this his saw the deceased olive	on	10	, an	d that in (my) (aur) apinion of DEGREE ATTENDING	death occurred on the	TAFF	nour and fram		ses state
MYCKI AVII II HER Z.I IS MOIXed OF	<	220.1 certify that (1) (this his sow the deceased alive above, (1) (we) (did) (did)	e on d nat) view the body	ofter death.	, an	d that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN 5 27e ADDRESS 8726	death occurred on the	TAFF SICIAN [nour and fram	the cous	ses state

BP. DHMH-16 50M 7/77 (VR A 15 (4))

deoth

requires that the

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or attending physician

			1	1	
	1		Ł	-	
1		1			
			,		

poge 3

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonapaers. Pages 1 and 2 should be filed will with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the medical

IMPORTANT: If them 21 is marked or them 18 shows any

24 FUNERAL DIRECTOR

WILLIAM REESE & SONS MORTUARY, P.A.

hours ofter death Poge

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	q	-	1	0	7	1	
	U		- 0	-			

ı	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	, 19	-10	
		CEASED NAME FIRST	MI	ODIE (I	AST 2	20. DATE OF DEATH		AY YEAR	2b. HOUR
I	11112	Sylve	ester Edwa	ard QUARI	ES (Quarrles)	May 29, 19'	79		11:55PM
1	3. SEX	(4 RACE	or etcen	5 DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
1	N	fa.le	Black		May		50	YRS.	ONTHS: DAYS	HOURS MIN
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8 44.4.D.D.IE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	7 - 7 - 7 - 7
5		Maryland	USA		WIDOWE		Anne Arund	el		MD.
Ī		TY OR TOWN OF DEATH			HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON		F BUSINESS OR
8	A	nnapolis				l Hospital	Waterman	T WORKING LIFE	INDUSTRI	
É	13a. S			IVE RESIDENCE BEFORE A 13c. CITY OR TOWN Mayo		YES NO	13e STREET ADDRESS 1207 Shele	y Road		
è		THER'S NAME FIRST Pleetwood NMN	Quarles	LAST		Sarah	Etta MIDDLE	J	oyce LAS	\$T
ī	16a W	VAS DECEASED EVER IN U.S.	ARMED FORCES?	60 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDRE	SS	STREE.	
	I.	O (IF TES.	GIVE WAR OR DATES!	216-22-3	654	Sarah Louis	se Quarrles	(wife	e), same	е
		18. CAUSE OF DEATH Enter PART I. DEATH WAS CAU IMMED Conditions, if ony, which	JSEÓ BY: HATE CAUSE (0)	Heart fa AS A CONSEQUEN Cardiomy	ilur ICE OF				- l yes	
	NOI	Chrinic obst	ructive pr	ntributing to de ulmonary	lero ATH BUT dise			DITION GIVE	EN IN PART 10	
2	CERTIFICATION	190 DATE OF OPERATION	NA	ION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO 🔼	IN CERTIFY	, WERE FINDING CAUSES	OF DEATH?
-	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE ORIGINAL EXAMINATION OF THE ORIGIN ORIGINAL EXAMINATION ORIGINAL EXAMINATION ORIGINAL EXAMINATION	DEATH HOUR A.M.	. MONTH DAY	19	216 HOW INJURY OCCURR				
	¥	WHILE AT WORK	(AT HOME, STREE	ET, FACTORY, OFFICE, FAR	M, ETC.]	STREET	CITY OR TOV	/N	COUNTY	STATE
		22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (gradulting)	on May 29	19.79	lay 2	7, 19 79 and that in (my) (aur) opinion a	to May 29 death occurred on the do	ate and hour		that (I) (we) last causes stated
		THE PHYSICIAN'S NAME ITT		mzyr		ATTENDING PHYSICIAN 2220 ADDRESS	MEDICAL STAF DIRECTOR PHYSIC		May May	30, 1979
		Charles W. H		· · · · · · · · · · · · · · · · · · ·		16 Murray Av		s. Mar	vland	21401
,	23a B	URIAL, CREMATION, REMOV	AL 23b. DATE 6-2-19			EMETERY OR CREMATORY ks Church Ceme	23d. LOCATION CITY OR TOWN		COUNTY	state Maryl and

Annapolis, Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MAY 3 1 1979

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

1/4		Canformati est		
		o forer account	March 1	
	Sommer would			El Smire
	- Intratelle	Late the Late in	Living and country	a 2 locate
	Tor Tholes		Avent Tables I down	Bour Teles
op.			The section of	
- man class	e) splening age	est decide the	.ce\10	
-tor C				
	9-19 III III III III III	was a man of the state of	44	
	men 1 1 mar 14 may .			
		the second second second		
		La Cult proje		
			Committee of the Commit	
			rest with billions	
				1 4 10
				20.20.20.3
			Table 197 and 1 200	
Commence of the second				COLUMN TO LONG TO
	WAR ARE THE PARTY OF THE PARTY		A Tar Diagner Line	100000000000000000000000000000000000000
				To be a second
Votin's		9 1	£ 5.01	LAS VILLE
. 1		Amerolia, ile.		
the Wart of	Acres de la constante de la co	2.12		
a market	2,43.	I for a second s	The Mark State Street, Street, Street, St. of	
for a to freshe	1	2.9.4	. Thate in Same A	

DHMH - 17 (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

4	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE)			
		STATE REGISTRAR		MEI	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 9 - 1 U 1 1 Z									
V	I. DEC	MONTH	DAY YEAR	2b. HOUR										
			Arvi	ne		Queen OF ESTI-								
	3 SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YE LAST BIRTHD	EARS IF U			MONTH	DAY YEAR	2d HOUR			
	M	ale	Black	3 28		RS. MON	HS DAYS HOURS MI	DEAD	5	1319 79	1:094			
		RTHPLACE (S	TATE OR	76. CITIZEN OF WE	TAT COUNTRY?	8. MARE	HED MEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH				
		sh., D	.C.	U.S.	Α.		VED DIVORCED	Anne Aru	indel Co	ounty,	MD.			
2	10 CITY OR TOWN OF DEATH 11. NAME				PITAL, NURSING HOM	TYPE OF WORK 12	b. KIND OF BUS OR INDUSTRY	INESS						
0					undel Gene									
	USUA 13a. S1		(IF IN NURSING HOME O		VE RESIDENCE BEFORE ADMISS	SION)	LI3d. INSIDE CITY LIMITS? 13e	s STREET ADDRESS						
5		ryland		Arundel	Annapoli	.s		24 F Bens Dr	2.					
1	14. FA	THER'S NAME	E	WIDOFE	LAST		15. MOTHER'S MAIDEN N	NAME MIDDLE		LAST				
43	I	Thomas			Queen		Anna	M	Matthews					
)			DEVER IN U.S. AR		166. SOCIAL SECURIT	TY NO.	17. INFORMANT ADDRESS							
*	(16	ES, NO, OR UNKNO	JWN) (IF YES, GIVE	WAR OR DATES)	212-48-01	Dr., A	, Annapolis							
		18 CAUSE C	OF DEATH (Enter on	ly one cause per line	for (o), (b), and (c).)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		PARTIDE		BETWEEN ONSET AND DEATH										
		IMMEDIATE CAUSE (a) Gunshot wound of chest (DUE TO, OR AS A CONSEQUENCE OF												
			Canditions, if any, which gave rise to immediate (b)											
		couse (o			N. S.F									
		lying cou		300										
		PART 2 OTHER S												
	Z													
	TA.	190 DATE OF OPERATION 196. CO			ONDITION FOR WHICH OPERATION WAS PERFORMED?									
1	CERTIFICATION						YES X	NO 🗆						
3	8	E 1 0 m re 1 m re	AL CAUSE WAS	216 TIME OF		18 PART 1 OR PART	2)	3-14						
7		UNDERLYING	G X OR ING CAUSE OF I	DEATH 12:30 x	. MONTH DAY YEA	ercatio	n							
	EDICAL	21d INJURY	OCCURRED	21e PLACE	OF INJURY (AT HOME,	21f. LC	OCATION STREET	CITY OR TOWN	COUN		STATE			
	E	WHILE AT WORK	NOT WHILE X	SIREEL, PAC	tory, farm, etc.)	C1	ay Street	Annapolis		Α.	MD			
	1	27a I certify that I took charge of the seman described above, held an A. Autopsy X., Inspection, Inquiry, and in my opinion												
		death result]	1011										
		death result												
		ACTUAL SIGNATURE	(1)	DATE	5/14/	79								
0		STORY OF THE STORY	10	, , , , ,	1	X	Deputy Chi		SIGNED					
24		EXAMINER'S	NAME Th	omas D. S	mith, M.D.		ADDRESS 111 P	enn St. B	alto.,	MD.				
	23a.B	URIAL, CREMA	TION, REMOVAL	3b. DATE	23c. NAME OF CE	METERY		23d. LOCATION	COUNTY	Y 51A	YE			
	(5	Burial		5-17-79	Pinelawn	Mem	. Park	CITORIOWN	0	0				
	24. FI	UNERAL DIREC	CTOR			a_A'A'reid	250. DATE REC	D. BY REGISTRAR 25h	11/12/11	telway				
		NAME W1	lliam Re	sse Funer	al Home		MAY .	1 9 19/9						

STOP ET Telline ... and a year of the control of the control of

eroll farenus equal mat///

	I 1.	tem #23b per state Home 5/	er phor/31/79	ne call		TMENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		REG. N	7 9	- 1.07	13
D		M		OD E QU 1 RACE S. DATE C MONTH 10		05 12 P		DATE OF DEATH M F GE (IN YEARS LAST BE	YEAR 20. HOUR 200 FUNDER I YEAR IF UNDER 24 HRS			
	70 01							66 YRS MONTHS DAY			S HOURS MIN.	
once	C					NEVER MARRIED		1 4 1 7 7 6				
notified at once	10 CI	ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF ANNO Arundel General			R OTHER INSTITUTIO	N 120	120. USUAL OCCUPATION THE OF WORK TO LOSS OF WORKING UT THE OF WORK TO LOSS OF WORK			BUSINESS OR
r must be	130 5		Anne A	rundel	CITY OR TO	WN Ville	134 INSIDE CITY LIMI	-	STREET ADDRESS	193		
exomine	14. FA	FATHER'S NAME Elwood T. Quillen LAST Halli						Bowden				
medicol		VAS DECEASED EVER IN (ES, NO OR UNKNOWN)	WWII WA	P OR OATES)	228-18		Jeanette	A, Qu	illen S			ATE INTERVAL
prior to buriol, cremotion, or r ony injury, or other troumatic	NO	Conditions, if any, gave rise to imme cause 101, stofing underlying cause	ediote 1 the lost	DUE TO, OR	AS A CONSEQUENT OF THE PROPERTY OF THE PROPERT	LENCE OF	expe TISS		7	volable	CULLAN EN IN PART 1(0)	own
ows ony	MEDICAL CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPE				H OPERATIO	ATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO					F DEATH?
ked or Item 18 sh		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. IN JURY OCCURRE WHILE NOTIFY NOTIFY MEDICAL WHILE AT WORK	AUSE OF OEATH LEXAMINER)	P.M	. MONTH	19	211 LOCATION STREET	CCURRED	ENTER NATURE OF INJ		ART 1 OR PART 2) COUNTY	STATE
f. If hem 21 is mor		220.1 certify that (1) (4 sow the deceased above. (1) (30)	this hospital)	5/	26 19	7901	DEGREE ATTENDI PHYSICI	ING ME	occurred on the o	AFF		
IMPORTANT: IF		224 PHYSICIAN'S NAM	ME (TYPE OR PAN) HOC hus	IDA.	wis	-	16 Murt	ex Ave	2. Ann	apli	Red.	21401
2	23n 6	URIAL CREMATION, R	EMOVAL IN	34 DATE	1 22		st emetery or cremater	7 4-11 Miles (2)	EL LOCATION	/		

Beat Tuneral Home, 1212 Westes St., Annapolis, M. MAY 31 1979 June Credy

DHMH-16 20M (VRA 15, 4) 7/7B

BP_

Tellipse Color Community

B - T - 2 170 .

e- de la West all Care de Santalia de la la companya de la la companya de la la companya de la c

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the busial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept of Health and Mental Hygene prior to busial, cremation, or removal.

With the Store Uppl. or return which was sony injury, or other traumatic event, the medical examiner, with them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, retained by the haspital or attending physician.

STATE OF MARYLAND

	70 10716
REGISTRAR CERTIFICATE OF DEATH 1. DECEASED NAME FRST MIDDLE LAST 20. DATE OF	REG. NO. 9 - 1 4 DEATH MONTH DAY YEAR 25. HOUR
ITYPE OR PRINT) SARAH NMN Rechis	nay 12,1979 M
3 SEX 4. RACE S DATE OF BIRTH 6. AGE (IN YEAR	RS LAST BIRTHDAY] IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
FEMALE White Nov. 19, 1975	7 YRS.
COUNTRY) (1) (141) Q 1) S A MARRIED WEVER MARRIED W	ECITY OR COUNTY OF DEATH
WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL O	
EDOGIEN BUSNIE SOOP CLAINMONT DRIVE. (TYPE OF WORK)	FOR MOST OF WORKING LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE, 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET A	DDRESS O
14 FATHER'S NAME A.F. CO. GIENBURNIE YES NO DV 800	09 Crainmont PX.
SALUATORE MIDDLE J. Rephis SUZANNE	mode Parilotal
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 1755, NO DR UNKNOWN) 11# YES, GIVE WAR OR DATES)	ADDRESS SAME AS# 13,
NO NA NONE MR. SAIVATORE	J. Rechis (FAther.)
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
MMEDIATE CAUSE (a) Respirately Folillers	N 1/2 U.F
Conditions, if ony, which	Cenia 18 matte
gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF	
underlying cause last (c)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)
190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOF YES 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED IENTER NATU	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
YES -	NO YES NO
HOUR AM MONIH DAY YEAR	JRE OF INJURY IN ITEM 18, PART † OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	
WHILE NOT WHILE AT WORK AT WORK STREET, FACTORY, OFFICE, FARM, ETC.]	CITY OR TOWN COUNTY STATE
220.1 certify that (1) (this haspital) attended the deceased from	(ay 19 79, that (1) we) last
above (1) (we) (did void not) view the body after death.	on the date and havr and from the causes stated
22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR [STAFF PHYSICIAN X 1276 DATE SIGNED May (3, 1974
220 PHYSICHAN'S NAME (TYPE OR PRINT) Meyer Johns Hopolas	nc Hospital
236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236. LOCAT	ION
- BuriaL 13 May 79 Grun Powder Friends MEETING	SPARKS BALTO. STATE

1979

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

The Committee of the State of the Committee of the Commit AND STATE BURNES OF THE PROPERTY OF THE PROPER

TTENDING PHYSICIAN: The low

TO HOSPITAL

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral directarizence 3 should be detached for use as the burnal-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

must be notified of once.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumotic event, the medical exp

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR			DEPART		EALTH AND	MENTAL HYG DEATH		EG. NO. 7	9-1	0	7 1 5
	CEASED NAME	FIRST		MIDDLE		LAST		2e. DATE OF DE.	ATH MONTH	DAY Y	EAR	26. HOUR DS
		PAU		Joseph		REED. S	R.		AY 22.	1979		9:02A M
3. SE	X		4 RACE		5 DATE (YEAR	& AGE (IN YEARS I	AST BIRTHDAY)	IF UNDER	DAYS	IF UNDER 24 HRS
	Male		Whit	e	FEI		1898	81	YR		DATS	HOURS MIN.
7a. B	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	A A P P IE	D NEVER	MARRIED	9 BALTIMORE	CITY OR COU	NTY OF DEA	TH	
I	Maryland			S.A.	WIDOWI	ED D	NORCED [ANNE A	RUNDEL	COUNT	Y	MD
10 C	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	ADDRESS)	OR OTHER INS	NOITUTIT	12a USUAL OCC	UPATION	12b K	IND O	F BUSINESS OR
	GLEN BURNI		NO	RTH ARUND	EL HO	SPITAL			Employ			ber
USU 130.	IAL RESIDENCE (IF MUI STATE	RSING HOME OF	OTHER INSTITUTION	HIST. CITY OR TOW		1136. INSIDE C	ITY LIMITS?	13e STREET ADD				
Ma	aryland	Ann	eArund	elGlenB			NO 🔀	306 1	New Je	rsey	Av	enue
14. F.	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER			DOLE		LAST	
	George			Ree	d	Ka				F		
16e.	WAS DECEASED EVEL		MED FORCES?	166 SOCIAL SECL	IRITY NO.	17 INFORMA	ANT		ADDRESS P	asade	ena	, Md.
	NO		N/A	217-03	-1639	Mrs.	Marie	e Brown	(Daug	hter)		
	18 CAUSE OF DEA	TH (Enter or	ly one couse pe	find for (0), (b), on	d ici.i	1-1		00	ad	€ET	PPROXIA	MATE INTERVAL
	PARTI. DEATH		E CAUSE (a)	True	Sax	122	nun	a 10102	unx pue	unpre	4	
	4379	/	DUE TO, C	OR AS A PRISEQUI	ENGE OF	000	. 0.	/	4			
	Conditions, if ony	y, which	(ıb)_	Core	Clay	Plan	ecuxa	veux	June	308	ew	د
	gove rise to im	ing the	DUE TO, C	OR AS A CONSEQUE	ENCE OF			-				
	underlying cous	e lost.	((c)_				1	\wedge				
z	PART 2 OTHER SIG	NIFTSANTY	EQUITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE ZERM	INAL DISEASE OF	SONDITION	GIVANIA PA	110	A
CERTIFICATION		A VICEN	DI.	NOC	0		Park	/V 2 1000	cold !	NECO	L.	cia
N S	190 DATE OF OPERA	ATION (1200	ELLE E	S. E. STO	NA WASHING	minuce	200 ASLOPSY	IN CE	YES, WERE P	USES	OF DEATH?
Ē				25 114 129		100 1100 110				YES 🗌		NO 🗌
	210 ACCIDENT WAS UN	_		OF INJURY	AY YEAR	ZIE HOW IN	JURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM	18, PART I OR PA	RT 2)	
EDICAL	(IF EITHER, NOTIFY MEDI	CAL EXAMINER)	P	М.	19							
MED	214 INJURY OCCUP	RRED	21e PLACE 1AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC.)	ZII LOCATE	ON	cm	OUZON	COUNT	TY	STATE
	AT WORK AT W	ORK -			-	170	79	-	52	-76	2	
	220.1 certify that (1 sow the decea above (1) (we)				.01	ng that In Imy	(our) opinion	death occurred on	the date and	hour and from		7.11
-	77% SIGNATURE	(did) boid no	t) view/he/bod	y after death.		DEGREE				22s.	DATE	SIGNED /
\vdash	X	11	Jule	-/ (ATTENDING	MEDICAL	STAFF	V	1/5	2/71
1	174 PHYSICIAN'S N	AME ITHE	EPRINT)	1		IS MOTHER'S MAIDEN NAME Katherine IT INFORMANT ADDRESS Pasadena, Md. Mrs. Marie Brown (Daughter) Concular way free from the ferminal Desart for t						
L	ANASTACI	O E. S	SUBONG,	M.D.		h						
230	BURIAL, CREMATION	, REMOVAL	23h DATE	23 c. 1	NAME OF C	EMETERY OR		236. LOCATIO	N			STATE
L	Entomb	ment	25 M	AY'79 1	Lorra	ine P	ark				0	
24 F	UNERAL DIRECTOR	WILL	1/200	m			25a. DAT	E REC'D. BY REGIS	TRAR 256. HE		10	Pready
S	IÑĞLETOK	FUN	ERAL H	IOME, Gle	nBur	nie, MI		HY 20 19	19			

DHMH-16 20M (VRA 15, 4) 7/78

(TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

DHMH-16 20M (VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10716

	1 -	FOR STATE REGISTRAR	DEPAKI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	79-1011	U
		EASED NAME FRST MPRINT) GEORI	MIDDLE STEVEN	S ROPER			26. HOU
	SEX	MALE	1 RACE WHITE	5. DATE OF BIRTH	6. AGE JIN YEARS LAST BIRT	MONTHS DAYS	HOURS
51	co	THPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	HUNK	R COUNTY OF DEATH	1
53	H	WWAPO LIS	HAPPIN THE FACTURE, GIVE STREET	HOSPT	TYPE OF WORK FOR MOST O	ON 12b. KIND OF FWORKING USEY THOUSTRY	7
36	13a S	AMD 136 COUR	ROTHER INSTITUTION, GIVE LESIDENCE BEFORE TO VILLE OR		13. STREET ADDRESS	Hypte)	TUE
021		MAURICE	MED FORCES? 1166 SOCIAL SEC	Haves	MIDOLE	MARSO	N
		AS DECEASED EVER IN U.S. AR S, HODRUNKNOWN) (IF YES, GIV	E WAR OR DATES)	10451 MARY DAE	BY KODEK	2 #13	
		cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE	JENCE OF MEMORILIES DE THE TERM	AINAL DISEASE OR CONI	DITION GIVEN IN PART 1(d)	
	6					20h. IF YES, WERE FINDING	
	TIFICATION	96 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CAUSES O	F DEAT
dollar de la constanta de la c	٧ I	98 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTHY MEDICAL EXAMINER)	216. TIME OF INJURY ATH HOUR A.M. MONTH (21c HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUSES O	
	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH [P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 211. HOW INJURY OCCUR 19 211. LOCATION STREET	YES NO	IN CERTIFYING CAUSES O YES YES YIN ITEM 18, PART 1 OR PART 2)	NO [
The second of th	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. IN JURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this hasp)	21b. TIME OF INJURY HOUR A.M. MONTH (P.M. 21e PLACE OF INJURY	DAY YEAR 19 211. HOW INJURY OCCUR 19 211. LOCATION STREET	YES NO RED (ENTER NATURE OF INJUR	IN CERTIFYING CAUSES OF YES COUNTY COUNTY 19, the steened hour and from the county	ST.
Section and to pay our set a man	MEDICAL	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp sow the deceased alive an above HTM) (did) (did no above HTM).	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. 21th View the body office death.	DAY YEAR 19 211 LOCATION STREET	YES NO RED (ENTER NATURE OF INJUR CITY OR TOW death occurred on the do	IN CERTIFYING CAUSES OF YES COUNTY COUNTY 19, the steened hour and from the county	ST. of (I) (v

13-101-81

S. RoteR

.

leat	
fter o	
.5 0	
hau	
24	
rithin	
P	
he law requires that the death certificate be executed within 24 haurs after d	
90	
te b	
frea	
ert	
th	
dec	
the	
that	
res	
redu	
30	
he	0.0
7	Sici
IA	d d
YSK	6ul
H	lend
S	ō
9	ò
TE	pita
A	has
TO HOSPITAL OF ATTENDING PHYSICIAN: The	retained by the haspital or attending physicion
ITAI	1 40
SP	Pa
H	ain
5	ref

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the bunal-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filled within 72 hours oftwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If them 21 is marked at them 18 shaws any injury, at other traumatic event, the medical examiner must be notified at ance.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

79-	10	7	1	7
-----	----	---	---	---

ь	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26 HOUR
L		RIE MOORE	ROSS	MAY 26 79	1:55AM
3.	SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
L	FEMALE	NEGRO	MAY 12, 1916	63 YEARS YRS	
78	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
L	ILLINOIS	USA	WIDOWED DIVORCED		COUNTY MD.
LIC	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
٤	LEN BURNIE	NORTH ARUNC		MUSICE	
	SUAL RESIDENCE (IF NURSING HOME OF BO STATE 136 COUR	ROTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OR		13e. STREET ADDRESS	
-	ARYLAND ANNE	ARUNDEL MI	LLERSV MEFO NO O		NOR NURSING
14	FATHER'S NAME	MIDDLE LAST		MIDDLE	LAST HOME
L	ALBERT S.J.M			ANE TAYLOR	
16	WAS DECEASED EVER IN U.S. AR	E WAR OR DATES!	SECURITY NO. 17. INFORMANT	ADDRESS	
L	NO.	UNK.	EMERGENCY F	ROOD CHART	
	18 CAUSE OF DEATH Enter or PART I, DEATH WAS CAUSE	nly one couse per line for a line.	pind =	0 / 1.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
П	IMMEDIA	TE CAUSE (o)	Weins a	iles poulle	Must
Г	410-	DUE TO, OR AS A PONS	POUENCE ALLAS	Dies Tul +	111
L	Conditions, if any, which gave rise to immediate	(b)	ente i 190 ans	o cay I you as	et occura
1	cause (a), stating the underlying cause lost	DUE TO, OR AS A CONS	SEQUENCE OF		
Н	DARLO OTHER CICALIFICANIA	(c)	G TO DEATH BUT NOT RELATED TO THE TER		AL DI CAPT A
H		LONDITIONS CONTRIBUTING	STO DEATH BUT NOT RELATED TO THE TER	WINAL DISEASE OR CONDITION GIVE	N IN PART 110
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		WERE FINDINGS USED
				YES NON YES	ING CAUSES OF DEATH?
1	2 to. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT OR PART 2]
			19 DAY YEAR		
	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		COUNTY STATE
1	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
Н	220.1 certify that (1) (this hasp	ital) attempted herdef eased for	rom 19 19	1,10 5/60	9, that (I) (we) last
Н	sow the deceased alive on	ot view the body ofter death	.19, and that in (my) (our) opinion	death accurred on the date and hour	and from the causes stated
L	27b. SIGNATURE	N view tye body offer death	DEGRÉE		22c. DATE SIGNED
L	10	1 raul	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	MAY 26,1979
1	224 PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS		
L	MAX FRANK	M.D.	425 S.E. R	RITCHIE HIGHWAY	GLEN BURNIE
23	Burial, CREMATION, REMOVAL	. 23b DATE	230 NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	REMOVAL	5-29-79	EAST ST, LOUIS II	L EAST STALO	UIS LAL
2	FUNERAL DIRECTOR	ADDRE	25a DIA	REVEO DI BY MIGISTRAR 251 REGISTA	ABISSIGNATURE
1	R.N. HORTON.CO.	. MORTICIANS	600 KENNEDY ST.N	I.W.D.C.	1



NEE: N	T MAY 25 YAM!	8808	BANGM BLAS	M. AJUJ
	Jacov ta). (310937
17 4100	Januar aktory			7.3.3.4.1
	T. BEN	EL MOSPITAL		
MIL RUM FORA	H GROULLOOD H		լույցուկա 3) անձա	
	TEAL ROOS	varanami —		
	and should be Superfunding			

requires that the death certificate be

TENDING PHYSICIAN: The low

etoined by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

07	-			0	7	1	0
1	u	-		111		1	Ö
1	1.1		-	U	- 6		-

1	1.	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	19-	1011	U
Ì		EASED NAME FIRST	MIDDLE	LA	isi —	20 DATE OF DEATH	MONTH DAY	YEAR 2b H	HOUR
ı	(TYPE C	Tho.	MAS E	, *	051	MAY	26, 19	979	М
1	3 SEX	Mala	4 RACE	S. DATE O		& AGE (IN YEARS LAST BIRT	HDAY) IF UNI		NDER 24 HRS
1	7a RID	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITPY? 8	28,1710	* BALTIMORE CITY O	P COUNTY OF D	DEATH	
A		PARVIAN d	U. S. A.	MARRIED	NEVER MARRIED	Anna ARH	ude/		MD.
	10 CI1	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME O		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		No. KIND OF BUS	
f	GI	LA BUKAIT	NORTH H	RYAdel	Hospital	Tool + Die So	eller V	NosTing 4	9.50
Ś	130 S	ARN Jand Anna	Arryd Clen		134 INSIDE CITY LIMITS	13e. STREET ADDRESS	Aven	+ N, L	=
2	14. FA	THER NAME	MIDDLE DIAS	7	15. MOTHER'S MAIDEN NAM	AE MIDDLE		Tal 1/	4.0
4	16a. W	AS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE	.SS	11/10	
	(4)	ES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES) 2/3-/	12-623	Helen E. K.	night 31.	2 774/	902442	N.E.
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY	b , ond ic	had in t	aret		APPROXIMATE I	AND DEATH
		4/0- IMMEDIA	DUE TO, OR AS A CONS	SEQUENCE/OF	1	1.		2	
1		Conditions, if any, which gove rise to immediate	(b) Cer	gestr	of Mean	auser	se	19/	2
1		couse (a), stating the underlying couse lost	DUE TO, OR AS A CON-	H CE OF	enens	in		15 yr	n
	NO	PART 2 OTHER SIGNIFICAN	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 1(o)	
ì	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY?		RE FINDINGS L	EATH?
1		210. ACCIDENT WAS UNDERLYING CONTRIBUTING AND OF DEA	10 TIME OF IN LIVRY	1	21c.HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	LY IN ITEM 18, PART 1 C		
	MEDICAL	(IF EITHER, NOTHY MEDICAL EXAMINER)	DIACE OF BUILDING	19	211. LOCATION	CITY OR TOW	NA CI	OUNTY	STATE
	×	AT WORK	(AT HOME, STREET, PASTOR)	OFFICE, FARM, ETC)	1015-			70	SINIE
		22a 1 certify that (1) (this haspi			d that in (my) (our) opinion of	death occurred on the de	, 19_ote and hour and		(I) (we) lost es stoted
		22b. SIGNATURE	A d a analy	2 - 6	DE GREE ATTENDING	MEDICAL STAI	FF _	22c. DATE SIGN	1ED 7 4
-		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	yar -	PHYSICIAN D	DIRECTOR PHYSIC	JAN .	349	20
		HEN	1ANU2A1	5 My	4255.8, 10	Mchil,	Dun	1d 2	1061
	23a. B	DURIAL CREMATION, REMOVAL	5/29/79	CEDINE OF CI	Hill Cometer	23d LOCATION CITY OF TOWN	COUN	14486	STATE
	24 FU	NERAL DIRECTOR	ADDRE	iss	250. DATI	REC'D. BY REGISTRAR	Sh. REGISTION	STEMATURE	and a
	Chi	TRIES 6, 21eyes	1 /418181 Hane	266, 1001	I, TORI AVE.	JOH E 10,	/		

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified.

BP.

DHMH-17 (VR A15 ME (5)) 15M 7/77

FOR

	STATE OF	MARYLAND	
DEPARTM	ENT OF HEAL	TH AND MENTA	HYGIENE

7 1 0

		REGISTRAR		MED	DICAL EXAM	NER'S	CERTIFICAT	E OF DE	ATH REGIN	40. I U	119	
		CEASED NAME	FIRST	lice	MIDDLE	Roti	uck		26. DATE KNOWN OF ESTI-	MONTH	DAY YEAR	26 HOUR
			XXXXXXXX			180	exxxxxxxx	XXX	OF ESTI-	051	14 1979	17 M
	3. SEX	(I. RACE	S. DATE OF BIRTH	0.2 6. AGE (IN	YEARS IF UN		DER 24 HRS.	2c. DATE PRONOUNCED	HINOM	DAY YEAR	2d HOUR
		1	w	76	XXX 76	1110111	HS DAYS HOUR	RS MIN	DEAD	519	9 1979	A M
3	7a. 81	RTHPLACE (STA	TE OR	76. CITIZEN OF WH	IAT COUNTRY?	8. MARR	IED NEVER M	ARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	,
2		Vest Vi	rginia	U	S.A.	WIDOV		ORCED	Aure.	ARUL	· del	MD.
7/		TY OR TOWN O		11. NAME OF HOSE	PITAL, NURSING HO		ER INSTITUTION		UAL OCCUPATION (T	YPE OF WORK	26. KIND OF BU	JSINESS
	91	en Du	CNIE	Nech	BRUNO	e/. 1	lospita		Homemaker		OK 11100311	
-1	USUA 13a S		F IN NURSING HOME OF		E RESIDENCE BEFORE ADM		13d. INSIDE CITY LIMI		REET ADDRESS			
5		V. Va.	Mine		Keyser				50 N. Dayi	s St.		
10		ATHER'S NAME		WIDDLE		111111	15. MOTHER'S M			- J. L. S.	LAST	
69		Obed		F	Rotruck		FIRST	mma	MIDDLE		Michae	. /
3	16s. W	VAS DECEASED	EVER IN U.S. ARA		166 SOCIAL SECUR	RITY NO.	17. INFORMANT	THE STATE OF THE S	ADDRES	S Kov	ser. W.	
5	(11	No	(IF YES, GIVE V	VAR OR DATES)	236 50 0	0392	Mildre	d Cuts	ter 50 N.			V. C. S
ŀ		18 CAUSE OF	DEATH (Enter anl	y ane cause per line		1	, 7		7	Daves	I APPROXIMATE	E INTERVAL
		PARTIDEA	ATH WAS CAUSED	BY: E CAUSE (a)	ender	ins	Hear	t y	achure		BETWEEN ONSET	AND DEATH
		428	IMMEDIAI		AS A CONSEQUENCE	E OF						
			s, if any, which	/65							The same	
		cause (a) s	stating the <u>under</u> -	DUE TO, OR	AS A CONSEQUENC	E OF						
		lying caus	e last.	(0)								
		PART 2 OTHER SIGN	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE T	ERMINAL OISEAS	E OR CONDITION GIVEN	IN PART 1 (a).			-	
	O											
F	CERTIFICATION	196. DATE OF	OPERATION	196. CONDIT	ION FOR WHICH OP	ERATION W	AS PERFORMED?		VALUE BUT		20. AUTOPSY?	?
1	TIFIC										YES 🗆	NO
3	CER	210. EXTERNAL	-	216. TIME OF			OW INJURY OCCI	JRRED LENTER	NATURE OF INJURY IN ITEM 1	8 PART I OR PART	(2)	
2		UNDERLYING CONTRIBUTIN	G CAUSE OF D		MONTH DAY YE	AK						
	EDICAL	71d INJURY OF	CCURRED	21e PLACE O	F INJURY (AT HOME,		CATION					
	Z	WHILE AT WORK	NOT WHILE	STREET, FACTO	ORY, FARM, ETC.)		TREET		CITY OR TOWN	COUN	4YY	STATE
-				of the remains does	ribed abave, held an	Autop		ection .	Inquiry-			
		death resulted		Quses 2,		Suicide	Hamicide		termined manner	and in my apır	sion	
		deam resona	1/1	doses 21,	Accident,	Suicide [TITLE (SPECIF		termined manner	,		
		ACTUAL SIGNATURE	26	. haed	(M)		De Dist	a	NCAL EVALUED	DATE	5-15-	-79
1		Sicon suit and A	9/	1 2	11		. Of safe of	MEL	DICAL EXAMINER	SIGNED		
1		EXAMINER'S N	IAME T	Linh	mode		ADDRESS_	nex	polis 11	rek		
7	23a.Bl	URIAL, CREMATI	ON, REMOVAL 23	b. DATE	23c. NAME OF C	EMETERY C		234	OCATION			
	(5	SPECIFY)	rial	22 May 7	9 Knoble	v			nortown Martin	Grant	100	V~
	24. FL	UNERAL DIRECT		ADDRESS	Z NATOS LE	,	25a. D.			STRAR'S SK	GNATUJE	
		Aller	1 MIKE	Truck	Koyse	2. h.	4.	MAY 2	5 13/3	- Linds	Metrod	7

	Nous,	1 09	00:11	
		XX.		
		3.9		
		* * *		
	A STATE OF THE PARTY OF THE PAR		ini	121
distribution		high security in	B. 100 F 12/2	
The state of the s	68 111 9		(a, a a a 5 c a	
• • • • • • • • • • • • • • • • • • • •				1
10mes	post3	dounted		The do
V. PECAN				
and alvertage	m the temps to	casa de aesti-		
The state of the s				
2-5-5-1				
			the second second	
			1877	
aw a lawne alt	r ,	VIII I HON'T LIFE	VEN OF THE	Let

	Poge 4
•	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page A retained by the hospital or attending physician.
	s ofter
	24 hour
	within 2
	scuted
	pe exe
	rtificote
	eoth ce
	the de
	res tho
	w requi
	The lov
	CIAN:
	PHYS!
	NDING I or of
	R ATTE
	TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospital or attending physician
	HOSP pined b
	of to

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 to with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be notified at ance.

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

79-10720

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	D.3.1.
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH OF	AY YEAR 26 HOUR
TYPE	OR PRINT) CLARA	ANNA	SCHNEIDER	MAY 20,	///
3 SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
	Femal	whit	JULY 7, 1884	94 YRS.	
	RTHPLACE (STATE OR FOREIGN DUNTRY)	16 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
	ndiana	U.S.A.	WIDOWED TO DIVORCED	ANNE ARUNDEL	COUNTY MD.
10 C	TY OR TOWN OF DEATH	A A CO CONTRACTOR OF THE PROPERTY AND	ING HOME OR OTHER INSTITUTION	12d USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
G	LEN BURNIE	NORTH ARUNDE	LOOMHOSPITAL	Housewife	Own Home
	STATE 136 COUL	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TOVE PArundelGlen B	WN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 1607 Saunder	rs Wav
	THER'S NAME		15 MOTHER'S MAIDEN NAM		
	Gustav	Spiege]	Carolin	MIDDLE	Francke
16a V	VAS DECEASED EVER IN U.S. AF				rna Park,Md.
	(IF YES, GIV	E WAR OR DATES!	5-9565D Mr. Leona		
		nly one couse per line for (o) (b), o		0 11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	DBY.	relection Heart	Foulier	BETWEEN CHOSET AND DEATH
	IMMEDIA	TE CAUSE (o)	51.12		
	Zalisa Para III	DUE TO, OR AS A CONSTANT	- CAPP		
163	Conditions, if ony, which gove rise to immediate	(b)	0 - 1 -		
	couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	UENCE OF		
	PARTO OTHER COMMENCANT	(c)	05 4711 0117 1107 051 1750 70 715 750		
Z	PART 2 OTHER SIGNIFICANT	LONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1101
¥	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
CERTIFICATION	The Date of Orenth Ore			YES NOT YES	ING CAUSES OF DEATH?
ER	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	121c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18, PAI	
	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		211 LOCATION		
MED	THE TOTAL TOTAL TOTAL	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
	AT WORK WORK	1	1111/20	5/2 n/29	
	E-SECOND CONTRACTOR SERVICES AND	bill 179	4/10/ /7 10	_ 10_ DIZUIT	9, that (I) (we) lost
	gaw the deceased allive or place. It (water) ided to	at view the body after death_	, and that in (my) (our) opinion o	death occurred on the date and hour	ond from the couses stated
	THE DEPTH OF C	X . 1()	DEGREE	25	THE DATE SENED A
	1000	August 15 Ka	my MI ATTENDING I	LOBECTOR TO PHYSICIAN TO	2019
	THE PHISICIAN'S NAME WAS	a regels	22+ AMDRESS 325 H	USPITAL UKIVE-	SUITE 20/ /
	JONGE B. RA	TIREZ M.D.	GLEN BURNI	E, MARYLAND 2	1061
23a B	BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
(Burial	1 23 MAY 79 N	Meadowridge Mem.I		Howard Md.
24. FU	JNERAL DIRECTOR	The The	25e. DATI	E REC'D. BY REGISTRAR 256, REGISTR	
5	SINGLETON FU	NERAL HOME, G	len Burnie, Ma MA)	12 2 1979	y Mc Credy

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

19-10120 p.s.r.			
MAY 20, 1979 3:50A	Radiawhoa =	£4.4 4 = 1	20730
	DEY 7, 1024		0.037
ANNE ARUNDEL COUNTY		.A.E.	nominel 1
many nade of Leanyon	IL HUSPITAL	NORTH ARUNO	alwawa waja
1607 Jaunders 1001	No. 1 de la toma	nolUlebours	nion basivasi
Erapeka Severn, 1d.,1d.	itoria t	petge	Visitaria
5720272	2c)4llx	bi ni t	
Shufte 1059 TAL DRIVE-SUITE 207 M E, MARYLAND 21061	GLEN BURNI	MIREZ M.D.	19 .a Joset
th. blacken lineard va.			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, should be detached for use as the busial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filled within 72 hours aftwith the State Dept. of Health and Mental Hygiene prior to busial, cremation, ar removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be patified at ance.

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10721

	REGISTRAR				CERTIF	ICATE OF DEA	TH	REC	G. NO.	3	10	
	CEASED NAME	FIRST	A	AIDDLE	U	AST	2000	20. DATE OF DEAT		DAY	YEAR	26. HOUR
(TYPE	OR PRINT)	0	J		SCHWA	ARTZ			5	20	79	11:20 P
3 SE	X		4 RACE		5. DATE O		YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN
38	Male		White		Jur		06	72	YR		HS DAYS	HOURS MIN
BI	RTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	NEVER MAR	DIED [9. BALTIMORE CIT	Y OR COU	NTY OF	DEATH	
1 0	Md.		U.S	. A.	WIDOWE		-	ANNE ARI	JNDEL			MD.
10 CI	TY OR TOWN OF DEA	ATH /			ING HOME O	R OTHER INSTITU	TION	120 USUAL OCCUP				OF BUSINESS OR
	Glen Burn	ie/	NORTH	ARUNDEL	HOSPI	rat.		Electric		IG LIFE) II	Shir	pyard
USU	AL RESIDENCE (IF NURS	SING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFO	RE ADMISSION)						91111	zyara
130 5	Md.	Anne	Arundel	Glen Bu	irnie	YES TO NO	LIMITS?	1519 Ann	apoli:	c Dr	ivo	
14 FA	THER'S NAME	7.1111.0	7 ti dirac i	aren be	41 11110	15. MOTHER'S MA			aport	2 11	146	
	John		MIDDLE A	Schwar	0+7	FIRST		MIDDI	I.E	- 10	Tucke	ST
160 V	VAS DECEASED EVER	INITIS AP		166 SOCIAL SEC		17 INFORMANT	OTTHE		DDRESS		TUCKE	er
100 4	res, no or unknown		E WAR OR DATES)			I I INFORMAINT			DRESS			
	NO			218-03-	-0108							
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter or	nly one couse per	ly o or (0), (b), 0	nd (cl.)			-		-	BETWEEN	ONSET AND DEATH
	TAKE DEATH OF		TE CAUSE (D)	more	eno	men	201-15	ma.				
	57/2		DUE TO: Of	AS A CONSEOU	JENCE OF	-	1 -	1				
	Conditions, if any		(b)_	alm	secis	CAKN	von	r with	w	emi	4	
	gove rise to improve couse (o), statu	ng the	DUE TO, OF	RASACONSEOL	JENCE OF			1				
	underlying couse	lost.	(c)_	11/2	w Ca	rano	ma	of ase	ende	49	olor	11
	PART 2 CHER SIGI	NIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NA DISEASE OR C	ONDITION	GWEN I	V PART 1	01
O N	aso	rite	-	Valin	1	B M	un	veid	1/2	lon	w	
CERTIFICATION	194 DATE OF OPERA	TION	196 CONDI			PERFORMI	EDI J	200 AUTOPSY?				NGS USED OF DEATH?
TIFI	4/25	179	Che	10000	Print	a con	2. 0	YES NO		YES [CAUSES	NO [
GER	210. ACCIDENT WAS UN		216. TIME O		11	21c HOW INJUR	YOCCURR	ED (ENTER NATURE OF	INJURY IN ITEM	18, PART	OR PART 2)	
	OR CONTRIBUTING []		MIN .	M. MONTH	MEAR 19	- 31	N	/A				
MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY	111	211 LOCATION	7	1			10	
¥	WHILE NOT W	HILE	(AT HOME, STR	EET, FACTORY, OFFICE	, FARM, ETC.)	STREET		CITY O	RIOWN	C	OUNTY	STATE
	220.1 certify shar (1)	_	ital\ ettended the	a dataged from	21.	11.2	071	10 00	-10	A 10	76	that (1) (we) lost
	sow the deceps	ed alive on		120 19	70 1	d that in (my) (ou	Doning d	leath accurred on th	ne dote and	hour one	1	-
	22b. SIGNATURE	ded idid no	ot) view the body	offer death.	1 /	DEGREE			1		22c. DATE	
	THE STATE OF THE S	1	de Givernan/			A ATTENDING (MEDICAL STAFF			250	-1.	2//20	
	22d. PHYSICIAN'S N	AME WAS	W	ng mi	my	PHY 22e ADDRESS	SICIAN	DIRECTOR PH	YSICIAN [2/0	1/19
		-										
	de GUZMA	N, BE	NJAMIN A	١.		325 Hos	pital	Dr. Gler	ı Burn	ie,	Md.	21061
23a E	BURIAL, CREMATION,	-			NAME OF CI	EMETERY OR CREA	MATORY	23d. LOCATION CITY OR TOWN		COU	VITY	STATE
	Remo	oval	5/21/	79						0		
24 FU	UNERAL DIRECTOR			ADDRESS			25a. DAI	RIND BY REGIST	148 256. RES	MELRAR	BEIGISM	Creeky
A	natomy Boa	ard	1	Balto	Md.	MC-SILL				-		

DHMH - 16 50M 7/77 (VR A 15 (4))

BP

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or attending physicial

- KA
-
200
. 44
-
4 - 4 -
7 4
Jan.
AL
44.
- Inner
TL
ATTENDANCE PRINCIPLES ALL ALL ALL ALL ALL ALL ALL ALL ALL AL
CHOIL
ATTEN
0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 twith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked at Item 18 shaws any injury, at other troumatic event, th

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10722

1 -	REGISTRAR				CERTIF	CATE OF DEA	TH	REG. NO	D.		
	CE ASED NAME	FIRST		IIDDLE	i,	AST		2a DATE OF DEATH	MONTH OA	YEAR	76 HOUR
,,,,,,	7	IRA		Le Roy	5	CHYLASKE	2	MAY 29	, 1979)	8 AM
3. SEX	Male		1 RACE Caucas	ian	S. DATE O	F BIRTH 28, 190		6. AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN
	RTHPLACE (STATE OF	RFOREIGN	U.S.A	VHAT COUNTRY?	MARRIEI WIDOWE	NEVER MAR	RRIED L	9. BALTIMORE CITY O ANNE ARUI			MD.
10 CI	GLEN BUI		(IF NOT IN SUCH	OSPITAL, NURSIN HEACILITY, GIVE STREET ARUNDEL	ADDRESS)		NOIT	170 USUAL OCCUPATION OF OF WORK FOR MOST OF CAMPENCER		MOUSTRY	f BUSINESS OR reneral uction
	AL RESIDENCE (IF NI	13h COU		GIVE RESIDENCE BEFORE 130 SITY OR JOW Pasaden	N 1	13d. INSIDE CITY YES NO	LIMITS?	134 STREET ADDRESS	y Bead	k Rd.	
	THER'S NAME FIRST John		WIDDLE	Schylask	e	15 MOTHER'S M.		WIDDIE	(Shadle	ī
()	VAS DECEASED EVI (ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	180-03-3	578	Jennie	Schyle	aske sam		3	
	Conditions, if or gove rise to it couse (b), sta underlying cou	IMMEDIA iny, which mmediate ting the use last.	DUE TO, OR DUE TO, OR DUE TO, OR (b) DUE TO, OR	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE INTRIBUTING TO I	ENCE OF	onia pu onis not related to	emi	nay f	libr	siz Ye	JEAN.
CERTIFICATION	190 DATE OF OPER	RATION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY? YES NO		WERE FINDIN	
MEDICAL CER	71a. ACCIDENT WAS LONG CONTRIBUTING [(IF EITHER, NOTIFY MEET 71d INJURY OCCU	CAUSE OF DE	P.A	M. MONTH DA	19	211 LOCATION	RY OCCURRE	D (ENTER NATURE OF INJUR			
WE	WHILE NOT AT 22a. I certify that	WHILE WORK (I) (this hosp		e deceased from	ARM, ETC.)	STREET	19.77	city or tow	29 1	COUNTY	state that (1) (we) last
	sow the dece above, (1) (we 22b. SIGNATURE		t) view the body	2-9 19 safter death.	/	DEGREE		eath accurred on the de		and from the	
	Bern.	ardi	in le	. Color	m,	7 / PHY		MEDICAL STAF	IAN	5/2	7/79
	BERNARD	INO A.	ALONSO,	M.D.		22 ADDRESS		CRAIN HIGHT BURNIE, MAI			
23a. B	BURIAL, CREMATION	N, REMOVAL	73b. DATE	73 . 1	, 11	EMETERY OR CRE	MATORY	23d. LOCATION CITY OR TOWN	A.	OUNTY A	STATE MJ
24 FL	UNERAL DIRECTOR		10-2-19	17 19	Len Ha	ven l'lem.	25a. DATÉ	REC'D. BY REGISTRAR	F C F - F -	ar's signati	

JUN 1

1979

DHMH - 16 50M 7/77 (VR A 15 (4))

Mc Luly F. H. Mountain & Tick Neck Rds. Pas. Md.

retained by the haspital TO HOSPITAL

BP.

		Ī	
•			
ı			
1			
1			
1			

24

deoth

thot

PHYSICIAN: The low offending physicion.

ATTENDING

TO HOSPITAL OR ATTENDIN

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral directions the burial-transit permit. Then please remove corbompopers. Pages 1 and 2 should be filled within 72 how with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

79-10723

SEX MAILE SAFE				FIRST	MIDDLE	1107						
3 SEX MAIE RACE S. DATE OF BIRTH S. DATE OF COUNTY OF DEATH S. DATE OF COUNTY OF COUNTY OF DEATH S. DATE OF COUNTY OF	н			/	u A	LASI	5		20. DATE OF DEATH	NONTH DA	YEAR	2b. HOUR
SEX Male White June 14, 1897 8 AGE [IN YARS LAST BRIDGAY] Whole I YEAR BURDON MARRIED 14, 1897 81 YRS 1800 18	_		,	enh /	VI.	JOR	hast.	= (0)	5/24/79	7		12:304
Male White June 14, 1897 81 VRS POWNE 18 BITHPLACE (STAND FOREIGN DE COUNTY OF DEATH ACCOUNTY OF DEATH ACCOUNTY OF DEATH AND COUNTY OF DEATH AND	1	3 SEX		- 0-1	-	5. DATE OF B	BIRTH		6 AGE (IN YEARS LAST BIRTH	DAY) IF	UNDER I YEAR	IF UNDER 24 HRS
MARRIED UX NEVER MARRIED Anne Arunde1 10 CITY OR TOWN OF DEATH 1 NAME OF HOSPITAL NUSING HOME OR OTHER INSTITUTION 120 LUSUAL DOCUMENTON 120 NAME OF HOSPITAL NUSING HOME OR OTHER INSTITUTION 120 LUSUAL DOCUMENTATION 120 LUSUAL DOCUMENTON 120 LUSUAL DOCUMENTON 120 LUSUAL DOCUMENTON 120 LUSUAL DOCUMENTATION 120 LUSUAL DOCUMENTON 120 LUSUAL DOCUMENTS 120 LIFE OF NAME 120 LUSUAL DOCUMENTS 120 LUSUAL DOCUME					e	MONTH	DAY			MO		HOURS MIN
ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSINE HONDER OR OTHER INSTITUTION IZE USUAL OCCUPATION IZE KIND OF BUSINE IZ	1	a. BIRTH	IPLACE (STATE OF FORE	IGN 76 CITIZEN O	WHAT COUNTRY?	B.	NEVED M	DDIED [9. BALTIMORE CITY OF	COUNTY	FDEATH	
Annapolis Anne Arundel General Hosp. USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) IBLE CITY OR TOWN A. A	1		N. V.	US	A.	WIDOWED	DIVO	RCED 🔲				M
Annapolis Anne Arundel General Hosp. Tavestments Sanker Sa				(IF NOT IN SI	CH FACILITY, GIVE STREET	ADDRESS)		UTION				F BUSINESS OF
STATE ARM MDR A.A. 136 COUNTY Annapolis 136 Minspectify timits? 136 State Appress 136 Minspectify timits? 136 State 136 Minspectify 136 Minspecti	4						Hosp.		INVESTME.	NT5	BAN	KEK,
ARTH MDK A.A. Annapolis YES NO 860 Holly Dr. South Is parter smaller name Is mother's maiden name Is cause of death lenter only one couse per line for 10, 10, ond 12 Is cause of death lenter only one couse per line for 10, 10, ond 12 Is mother's maiden name Is cause of death lenter only one couse per line for 10, 10, ond 12 Is mother's maiden name Is cause of death lenter only one couse per line for 10, 10, ond 12 Is mother's maiden name Is cause of death lenter only one couse per line for 10, 10, ond 12 Is cause of death lenter only one couse per line for 10, 10, ond 12 Is cause of death lenter only one couse per line for 10, 10, ond 12 Is mother's maiden name Is cause of death lenter only one couse per line for 10, 10, ond 12 Is mother's maiden name Is cause of death lenter only one couse per line for 10, 10, ond 12 Is mother's maiden name Is cause of death lenter only one couse per line for 10, 10, ond 12 Is mother's maiden name	1	13a STA	TE 13	HOME OR OTHER INSTITUTION	13c. CITY OR TOW		d. INSIDE CIT	LIMITS?	13e STREET ADDRESS			
186 WAS DECEASED FOR IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	2			A.A.	Annapol		0	10 🗆	860 Holly	Dr. S	outh	
Restriction Part Conditions Part Conditions Contributing to Death But not related to the terminal disease or condition given in Part Conditions State Conditions Contributing to Death But not related to the terminal disease or condition given in Part Conditions Contributing to Death But not related to the terminal disease or condition given in Part Conditions Contributing to Death But not related to the terminal disease or condition given in Part Conditions Contributing to Death But not related to the terminal disease or condition given in Part Conditions Contributing to Death But not related to the terminal disease or condition given in Part Conditions Contributing Conditions Contributing to Death But not related to the terminal disease or condition given in Part Conditions Contributing Conditions Co	1	4 FATHI	FIRST RU	MUSRS	SCRIBA	VER 15	MOTHER'S A	ARIDEN NAM			455	
18 CAUSE OF DEATH (Enter only one couse per line to (10), (b), and icc. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a); DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (10), storing the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse ioi, storing the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 190 CONTRIBUTING OR CONTRIBUTING OR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUT	ī			U.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO. 17	INFORMAN	1	ADDRES	SS		
MMEDIATE CAUSE (a) Cavalua Arrely		9	25 /	917-1919	162164	73/A	HELE	NC	1. SCRIBA	UER	#	13
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse [0]. Storing the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE DUE TO,	Г	18	CAUSE OF DEATH	Enter only one couse po	er line for (a), (b), and	dict.	4	1			BETWEEN	MATE INTERVAL
Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF					(avo	hac /	tryes	1.			mu	nutes
Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF	1	1	410-	DUE TO,	OR AS A CONSEQUE	NCE OF			1 ,		. /	
DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 DATE OF OPERATION	1				Itale	myo	carcle	al In	taretici		111	12-
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 21b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18, PART 1 OR PART 2) 21d. INJURY OCCURRED 21d. IN	П	CC	ouse (0), stoting	the DUFTO	DR AS A CONSEQUE	NCE OF						
190 DATE OF OPERATION	ı	<u>U</u>	nderlying couse	lost (c)								
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK AT W	ı	PA	ART 2 OTHER SIGNIF	CANT CONDITIONS	ONTRIBUTING TO	DEATH BUT NO	T RELATED T	THE TERMIN	NAL DISEASE OR COND	ITION GIVEN	IN PART 10	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK AT W		وِ ا										
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK AT W	1	Y 190	DATE OF OPERATIO	N 196 CONI	DITION FOR WHICH	OPERATION V	VAS PERFORA	MED	20a AUTOPSY?			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK AT W		E L								YES		NO 🗌
[IF EITHER, NOTIFY MEDICAL EXAMINER] 21d. INJURY OCCURRED WHILE ATWORK 22e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22e. Certify thou(I) (this hospital) ottended the deceased from sow the deceased alive on bobove, (I) (we) Idid radia not) view the body after death. 22e. SIGNATURE 22e. DAYE SIGNED	_	0.0				Y YEAR	It. HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18, PART	1 OR PART 2)	
270. Certify that (I) (this haspital) attended the deceased from	1	LA CAL										
270. Certify that (I) (this haspital) attended the deceased from	1	210		(AT HOME S		ARM ETC.)	1 LOCATION		CITY OR TOW	v1	COUNTY	STATE
sow the decessed alive an obove, (1) (we) Idid/Idid not) view the body after death. 19 7 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated to the body after death. 27b. SIGNATURE 22c. DAYE SIGNED	1	AT Y	WORK AT WORK					10	/	/		STAIL
10 DEGREE 220 DAYE SIGNED	1	220	certify that (I) (th	is hospital) attended t	he deceased from _	V 6	,	19//		24 19	77.	hat (I) (we) las
226 SIGNATURE / DEGREE 220 DAYE SIGNED	ı		sow the deceased obove, (1) (we) Idid)	olive on	Voftel death.	, ond the	hot in (my) (o	ur) opinian de	eath occurred on the do	te and hour a	nd from the o	ouses stated
ATTENDING MEDICAL STAFF	ı	221		1	10	DEC		-		77.0	THE DAYE	SIGNED
PHYSICIAN DIRECTOR PHYSICIAN J			Ill	Cul Kin	Jun 1	my)	PH				13/20	179
TTO PHYSICIAN'S NAME (TYPE OR PARMYTY) 270. ADDRESS		777	PHYSICIAN'S NAMI	E (TYPE OR PRINTY	1	27	e. ADDRESS	1.1.	10	1	1	H
MICHARD TERLER 121 CAHKDKAL ST. HOWARDS 1	1	N	CHARD	TEE	LEP	I	21 Cb	+H+KD	KAL ST	HOW	Aprilis	10
236, NAME OF CEMETERY OR CREMATION, REMOVAL / 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION	2	(SPEC	IAL, CREMATION, REA	MOVAL 236 DATE	1-70 30	AME OF CEMI		. /	23d LOCATION ON ORTOWN		DUNTY 77	AMT
(SPECIENT MAIN ACUNTY)		1 K	7/10/11/1/	ラル レーノ	17 10	nh	IN CO	LN	DRUNG G	1000	# 15	1011
COPECION STONE STO	L	4	707 770					144 0 44			7	10

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

81101-07 LACTURE OF SWALLOW LAND CO. THE STATE OF THE SAME AS THE STATE OF THE PARTY AS THE PA Exercise of the Fred Lincolne Securior Fig. College With the State of the S

	-	000		
	The	2)		
	1	2	ce.	
	death	unerd Im 72	of on	3/
	fter	the f	tified	
	SUUS	in by	be no	17
	24 h	illed old b	must.	32
	thin	2 sho	niner	32
	bed v	ond	екоп	2
	execu	sage ges	opipa	1
	e pe	ers. Po	he m	
	ficot	phys. movo	vent,	
	h cert	ding orbo	ofic e	
	deot	atten ove c	FOUR	
	of the	y the	ther t	
	es tho	pleas	, or o	
	edoir	Then Then	injun	
	low r	s bee	s ony	G
	The	ns t pe	show.	1
	Phys	ol-troi tol Hy	E 18	Z
	HYSK	his ce burid	or Ite	
	NG P	fter to sthe	arked	
	END o lo	r use Heal	is m	
	ATT	RECTO ed fo	em 21	
U	at OF	AL DII	T. If H	
	SPIT,	NER, be d	TAN-	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death-frequence by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral virtual should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 7 to be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other troumatic event, the medical examiner must be notified of ance.	-1
	F 2	- N >	-	

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) FOR - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-10724

	REGISTRAR				TEATE OF BEATH	REG	NO.		
	CEASED NAME FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
,,,,,	WALTER	Th	eodore	SEE	RMONS	MAY 16	5. 197	9	6:15A
3. SE	(4 RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	
M	lale	Whit	e	Sep		72	YRS	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
	ryland	U. S	.A.	WIDOWE		ANNE AL	RUNDEN	COUNT	TY MD
10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUP		126. KIND	OF AUSINESS OR
G	LEN BURNIE	NO	RTH ARL	INDEL	HOSPITAL	Printer		The second second	it Co.
USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFO		13d INSIDE CITY LIMITS?	13e STREET ADDRES	SS		
Ma	aryland A.A		Severn		YES NO	1441 Wa	tts Av	renue	
14. FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME			AST _
Ge	eorge		Sermons	5	Louisa				holmew
		E WAR OR DATES)	166 SOCIAL SEC					ame as	#13
r	no N/	A	202015	159A	Mrs. Netti	le E. Ser	mons		
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ly one couse per	line for (o), (b), o	ind (c).	. /			BETWEEN	NONSET AND DEATH
		TE CAUSE (o)		Re	spirako	my fauc	ene		
	1629	DUE TO, O	R AS A CONSEQU	UENCE OF	0	,		1	1 -
- 17	Conditions, if any, which	(b)_			Ca of	Kung o	me	gan for	-163
	gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQU	UENCE OF					
	underlying couse lost	(c)				OTMANN.			
7	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	ONDITION GIV	VEN IN PART 1	(0)
CERTIFICATION				17.74					
ICA	190 DATE OF OPERATION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FIND FYING CAUSE	
RTIE						YES NO	-	ES 🗌	но 🗆
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	216 TIME O	M. MONTH [DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF I	HJURY IN ITEM 18, F	PART I OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.	M.	19					
MED	21d INJURY OCCURRED WHILE NOT WHILE [7]	21e PLACE	OF INJURY REET, FACTORY, OFFICE	FARM, ETC.)	211. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	AT WORK						161	9.0	
	220 I certify that (1) (this hasp sow the deceased alive on	-/1	e deceased from	29	23 19 3 9	, to	-		, that (1) (we) last
	obove, (I) (we) (did) (did no		affer death.		nd that in (my) (our) opinion	death occurred on the	dote and hou		
	22b. SIGNATURE	01	2001		DE GREE ATTENDING	MEDICAL S	TAFF	22c. DAT	E SIGNED
		~	···		PHYSICIAN	DIRECTOR PHY			
	22d PHYSICIAN'S NAME (TYPE C	R PRINT)			22. ADDRESS 529	CAMP MEAD	DE ROA	D	
	SACIT EREN	, M.D.			LINT	HICUM, MA	ARYLAN	D 210	090
13	URIAL, CREMATION, REMOVAL	23b. DATE	lay 230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
B	urial Q	18, 1	979 M	ount	Olivet Cem				1d.
	INERAL DIRECTOR	Maller	ADDRESS			TE REC'D. BY REGISTR	AR 256. REGIST	RAR'S SIGNA	TURE
S	ingleton Fur	eral H	lome, G1	enBur	nie, Md. MAY	1 8 1979	prop	MUMBE	2454(4)

.

Taul sier , ac y 1	atterwise.	2205 1240	WALT IR
	adt. 23 1006		ata:
YTOMOT ALT UNA BINGS			basiyas
Printer Print Co.			
noneva asses head		n teves it	.6.6 bosives
white the transfer of the tran	, Asimor	anomas Life	engage (
(116) same as all			

LI THE TOTAL COORT

Marial and Panerdi Wome, Clerke Oliver Jem. Daltimore City. Nd.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10725

					CLIVII	I ICAIL OF DE	7111		1 0			
		CEASED-NAME ype ar print)	First		Middle F.	C/ · / /		2a. DATE OF		ay / Year	2b. HOUR	_
1	0.66	v	Cloyo	RACE 1	1.	Shields			5	I (IF UNDER 1 YEAR	LIE UNDER 24 HRS.	M
9	3. SE	Male	4. 1	(1) / i	2	S. DATE OF BIR	ery 11.	1901	6. AGE (In years last birthday)	MONTHS DAYS	HOURS MIN	-
1		BIRTHPLACE (Stote or f	oreign 7b. Cl	TIZEN OF WHAT COUNT	RY? 8. MA	RRIED NEVER MARR		COUNTY OF	10	<u> </u>		-
15	cour	ity) Pen	nsylvan	ia US		OWED DIVORC		A	A.Co.		M	d.
£ 70	10. (ITY OR TOWN OF DEA		11. NAME OF HO	SPITAL OR INSTITUTION	ON (If not in hospital			(Kind of work dan		BUSINESS OR	
de O	L	Annapolis		give street oddr	Anundel	Gen. Hos	during most	of working i	life even if retired.	industry Fan	mina	
fter /		usual RESIDENCE (Wission) STATE		d If institution: Resid			3d. INSIDE CITY LIMITS		REET AND NUMBER			
57		P	enna	flui	rtingdon	FILL CA	CCIS					=
2 ha	14. 1	0	irst	Middle		6. MOTHER'S MAI	DEN NAME First	4	Middle	0	Lost	
Z /	160	WAS DECEASED EVER	IN ILS ARMED FO	Augusta 116h 5001	AL SECURITY NO.	17. INFORMANT		ting	rabelle Address	Reed		-
WILW S			(If yes give war or date		-36-7566	A	hrs Wal	ter Fa	iler Edg	rewater.	Md	
ent,	F	IR CAUSE OF DEAT	H (Enter galy gae	cause per line far (a),			4			APPROX	IMATE INTERVAL ONSET, AND DEATH	Ξ
× e		PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAL	() -	diac	ans	est	FC	ma	15	ONSEL AND DEATH	-
0		4393		UE TO, OR ASA CONS			1		377	2		-
2		Conditions, if any, w	hich gave)	no AC	· VA					13	e-ary	
		rise to immediate of		UE TO, OR AS A CONS	EQUENCE OF	0	1	5		, 2	1	
		last.	1 0	TA SALA	leras	1520	cho	nne	umn	5	<u>d</u>	_
		PART 2. OTHER SIGN	FICANT CONDITION	IS CONTRIBUTING TO E	DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE OR CON	DITION GIVEN	IN PART 1(o)	7 1		
	NO.	190. DATE OF OPERATION	an Tipe condi) /	wel	ED 200, AUTOP	uen	Tool II	YES, WERE FINDINGS	CONCIDENCE IN C	ERTIFYING	_
2	CERTIFICATION	1190. DATE OF OPERALIT	JN 19B. CONUIT	TION FOR WHICH OPERA	ITION WAS PERFORM	YES T	NO TI		OF DEATH?	CONSIDERED IN C	CRAIL LIMB	
0	CERT	21a. ACCIDENT WAS	UNDERLYING [21b. TIME OF INJURY		21c. HOW INJURY OCCU		oture of injur	y in Port 1 or Port	2, Item 18.)		-
4	DICAL	OR CONTRIBUTING () ((If either, notify med		HOUR A.M. Month P.M.	Doy Yeor							
	ME	21d. INJURY OCCURR		OF INJURY (AT HOME, F	ARM, STREET, FACTORY.)	21f. LOCATION Street	ar R.F.D. Na.	City	ar Tawn	County	State	-
		While Nat while at wark		~								
	13	22a. I certify th	at (1) (this has	pital) attended t	he deceased fro	m, and that in (my	301979	, to	2 / A, 1	9 <u>9</u> , that	(I) (we) las	1
	Н	couses stot	ed above, (!) (we) (did) (did not) view the body	_, and marm (my after deoth.) (our) opinio	on deoin o	occurred on the	dore and nour	ond from the	9
		22b. SIGNATURE	10	0. 00	101) a	GMED		STAFF 22	c. DATE SIGNED	20	
			ento 1	nstr	plus	DEGREE PHYS.	DIRE	CTOR 🗆	PHYS.	7.	17	
1		22d. PHYSICIAN\S NAME (Type)	F.M.	SHIP	LEX	22e ADDR	ess	11	alex	ma	/	
	23a.	BURIAL CREMATION,	23b. DATE	23	C. NAME OF CEMETE	RY OR CREMATORY	0 1	234 LOCATIO	N (City or Town)	(County)	(Stote)	=
Ö		REMOVAL (Specify)	5-	7-79	Newton	Hamilton (em.	Newky	on Mamile	on Mut	the Gre	4
1 30M	24.	FUNERAL DIRECTOR	Para 1	. Booth Fu	ADDRESS ALC	eytown, Pa		RIGISTRAR	AND BEGISTOR	UN STUNATURE CO.	Overly	
5 (4))	14	cupor Eiglo	E VOUS T	Dogan Fi	ineral He	me	DATE			1	1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospitol or ottending physicion. OHMH-16 1/71 3 (VR A15 (4)) within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etoined by the hospital or attending physician.

STATE OF MARYLAND

10776

9						CERTII	FICATE OF DEATH	REG. N		
9		CEASED NAME ORPRINT)	HA)		C. C.	SHOR	ETER!	20 DATE OF DEATH	MONTH 5	479 1
	3 SEX	EMALE		4 RACE NEG	RO	S. DATE C		6 AGE (IN YEARS LAST BIT	RTHDAY)	IF UNDER I YEAR I I YEAR I I YEAR I
3.4	CC	RTHPLACE (STATE OR O	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	ON THE
53		NAPOLIS	ATH				DROTHER INSTITUTION L HOSPITAL	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST	TON	125 KIND OF BU
35	MAR	AL RESIDENCE (IF NUR TATE YLAND	13b COUN	VTY	I, GIVE RESIDENCE BEFORE 13. CITY OF TOW ANNAPOLI	ADMISSION)	13d INSIDE CITY LIMITS? YES P NO -	13e STREET ADDRESS 10 Colle		/enue
21		THER'S NAME LOUISE		MIDDLE	LAST WEIGH	MS	15 MOTHER'S MAIDEN NA	WEDDIE		WILSON
1		VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	16b SOCIAL SECU	RITY NO.	FLORENCE JUS	TIN 706 D N		m Dr. Annaj
			mediate ng the e lost.	(b)	RECUVE R AS A CONSEQUE	nce OF	nyocardicl		ניטאין	1974,76
0	ICATION	gove rise to im couse (0), state underlying cous	mediate ng the e lost. NIFICANT (DUE TO, O	Necure or as a conseque ontributing to d	NCE OF	NY O Cas de CL		NDITION G	ES, WERE FINDINGS (
9 9	AL CERTIFICATION	gove rise to imcouse (o), state underlying couse (o). PART 2 OTHER SIG	mediate ng the e lost. NIFICANT (ATION IDERLYING CAUSE OF DEA	DUE TO, O (c) 196 CONDITIONS CO	NECUVIE OR AS A CONSEQUE ONTRIBUTING TO D ONTRIBUTING TO D ONTRIBUTING TO D	NCE OF DEATH BUT OPERATIO		INAL DISEASE OR CON 200 AUTOPSY? YES \(\text{VO} \)	20b. IF YE IN CERT	ES, WERE FINDINGS LIFTING CAUSES OF DIVES
9 9	MEDICAL CERTIFICATION	gove rise to im couse io), stati underlying cous. PART 2 OTHER SIG 190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDICAL CONTRIBUTING [] WHILE NOTIFY MEDICAL CONTRIBUTION [] WHILE NOTIFY AT WORK [] AT WORK [] AT WORK [] AT WORK [] AT WAS ACTION [] AT WORK [] AT WAS ACTION [] WHILE NOTIFY AT WAS AT WAS AT WAS AT WAS AT WAS AT WAS ACTION []	MIFICANT (ATION ATION	DUE TO, O CONDITIONS C 196 COND 196 COND 196 COND 196 COND 216. TIME C HOUR A P. 21e. PLACE (AT HOME, ST	NECUVIE PR AS A CONSEQUE ONTRIBUTING TO DE ONTRIBUTING TO DE ONTRI	NCE OF DEATH BUT OPERATIO AY YEAR 19	N WAS PERFORMED	INAL DISEASE OR CON 200 AUTOPSY? YES \(\text{VO} \)	20b. IF YE IN CERT Y JRY IN ITEM 18,	ES, WERE FINDINGS LIFYING CAUSES OF DIVES (NO.) PART 1 OR PART 2)
9 9		gove rise to imcouse (o), statiunderlying couse (o), statiunderlying couse (o), statiunderlying couse (o), statiunderlying couse (o), statiunderlying (o), statiunderlying (i), statiunderlying (i), statiunderlying (i), statiunderlying (ii), statiunderlying (ii), statiunderlying (ii), statiunderlying (iii), statiunderlyin	MEDIAN (MILE ORK) (IDERLYING CAUSE OF DEACAL EXAMINER) (ITHE DATE OF DEACAL EXAMINER) (ITHE HOSPI (ITHE H	DUE TO, O (c) 196 CONDITIONS C 196 COND 216. TIME C HOUR A P. 21e PLACE (AT HOME, ST	PR AS A CONSEQUE ONTRIBUTING TO E	OPERATIO Y YEAR 19 ARM, ETC.)	21t. HOW INJURY OCCURI 21t LOCATION STREET , 19 , 19 and that in (my) (aux) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE) To death accurred an the control of the contr	20b. IF YI IN CERT Y JRY IN ITEM 18,	ES, WERE FINDINGS LIFYING CAUSES OF DIVES NO. (PART LOR PART 2)
9	MEDICAL	gove rise to im couse io), static underlying couse io), static underlying couse in the couse ion in the couse ion in the couse ion in the couse in the december 21d. Physician's Notice in the december 22d. P	MIFICANT (ATION ATION	DUE TO, O (c) 196 CONDITIONS C 196 COND 216. TIME C HOUR A P. 21e PLACE (AT HOME, ST	ONTRIBUTING TO DESTRUCTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. The deceosed from The d	NCE OF DEATH BUT OPERATIO AY YEAR 19 ARM, ETC.)	211. HOW INJURY OCCURION STREET 211. LOCATION STREET ATTENDING PHYSICIAN PARTS ADDRESS 1419 FOAST D	AINAL DISEASE OR CON 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUDENT OF TO	20b. IF YI IN CERT Y JRY IN ITEM 18,	ES, WERE FINDINGS I IFYING CAUSES OF D VES NO PART I OR PART 2) COUNTY 19 that i aur and from the cause
9	WEDICAL MEDICAL	gove rise to imcouse (o), statiunderlying couse (o), statiunderlying couse (o), statiunderlying couse (o), statiunderlying couse (o), statiunderlying (o), statiunderlying (i), statiunderlying (i), statiunderlying (i), statiunderlying (ii), statiunderlying (ii), statiunderlying (ii), statiunderlying (iii), statiunderlyin	MIFICANT (ATION ATION	DUE TO, O (c) 196 CONDITIONS C 196 COND 216. TIME C HOUR A P. 21e PLACE (AT HOME, ST	ONTRIBUTING TO DESTRUCTION FOR WHICH OF INJURY M. MONTH DA M. MOTH DA OF INJURY REET, FACTORY, OFFICE, F. To deceosed from To office deceos	NCE OF DEATH BUT OPERATIO AY YEAR 19 ARM, ETC.)	211. HOW INJURY OCCURION STREET 211. LOCATION STREET 211. LOCATION STREET ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUDENT CONTROL OF TO A CONTROL OF THE	206. IF YI IN CERT Y JUNN JUNN JUNN JUNN JUNN JUNN JUNN JU	ES, WERE FINDINGS I IFYING CAUSES OF D VES NO PART I OR PART 2) COUNTY 19 that i aur and from the cause

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

3.101-0 Maria de ambiga e formado de sportado de The state of the s should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 with the State Depty of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR I. DI 7 a E must be notified at ance 10.0 USI 130.

medical exam

injury, or other troumatic event, the

MPORTANT: If Hem 21 is marked or Hem 18 shows any

DHMH-16 20M (VRA 15, 4) 7/78

23a.

24.1

STATE OF MARYLAND

PART	MENT	OF	HEAL	HT.	AND	MENTAL	HYGIENE	
	CE	RTI	FIC	ATE	OF	DEATH		

- STATE REGISTRAR			CERTI	FICATE OF		IEME	REG. NO.	79	-	07;	35T
ECEASED NAME	FIRST	MIDDLE		LAST	7.1	2a DATE OF	DEATH MONTH	DAY	YEAR	26 HOL	JR
	WILLIA	M R.	SHO	DRTT,	SR.	MAY	11, 1	979		12:4	45PM
EX		4 RACE	5 DATE	OF BIRTH		6. AGE (IN YEA	RS LAST BIRTHDAY)	IF UND	ERIYEAR	IF UNDER	24 HRS
Male		Caucasian	5 MONT	TH DAY	1900	79		MONTHS (RS.	DAYS	HOURS	MIN
BIRTHPLACE ISTA	TE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY?	A NEVE		9 BALTIMOR	E CITY OR CO	UNTY OF D	EATH		
COUNTRY) Mai	ryland	U.S.A.	WIDOW		NARRIED	ANNI	E ARUN	DEL C	OUN	TY	MD
GLEN BU	RNIE	(IF NOT IN SUCH FACILITY		OR OTHER IN		124. USUAL O HYPE OF WORK! YUANA	CCUPATION FOR MOST OF WORK	ING LIFE) IN	ustry avi	if Busin	hem.
ual residence of state	nd A.A.	OTHER INSTITUTION, GIVE RESI HY G•	DENCE BEFORE ADMISSION Y OBTOWN To Burnie		CITY LIMITS?	13. STREET A	DDRESS VENNORS	(t. 9	len	Bunr	ue.
FATHER'S NAME William		BIDDIE	Shortt	15 MOTHER	r's maiden nam First tra	ME	WIDDLE		Man	isha	u

(YES, NO OR UNKNOWN) (IF YES, GIVE W	
18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	THE LINE OF LIVE AND
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF CERÉBRO VASEULAR
gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF pertension.
PART 2 OTHER SIGNIFICANT CO	DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101

PART 2 OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMINAL	DISEASE OR CONDITI	ON GIVEN IN PART 1

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	
			YES NO	YES 🗌	NO 🗆
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	121b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PART 2	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	N COUNTY	STATE

22a.1 certify that (I) (this hospital) attended	the deceased from	-21 , 19 79 , 10	5-11 19	79 , that (1) (re) lo
saw the deceased alive on obove, (I) (ye) (did) (did not) view the box	1979.00	nd that in (my) (our opinion death o	occurred on the date and hour an	d from the couses stated
obove, (I) (ye) (did) (dig flot) view the box	dy after death.			
22b SIGNATURE		DEGREE		221. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

MAY WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 17 INFORMANT

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN 22e ADDRESS

DALJIT S. SAWHNEY, M.D.

21061 205 B&A BLVD., GLEN BURNIE, MARYLAND

ADDRESS

(SPECIEV) (A	236. DATE 5/15/1979	9130 NAME OF CEMI	n Memoria	U. Pk	23d LOCATION CITY OF TO	Bunni	country A A I
UNERAL DIRECTOR	D	Pasadena, M	d. 21122	MAY	1 4 19	ISTRAR 256.	REGISTRARS

Contract to the second second

certificate

deoth

requires that the

PHYSICIAN The low

retained by the haspital or attending physician. FNDING

TO HOSPITAL

		ij,	1		5
	00	B	3	1	
ţ	10	Ų	ğ)	
1	ζ	÷	٥	,	
	poge	r dec			
	ctor,	Softe			
	ol dire	2 hau		nce.	1
	uner	hin 7		1010	1
	the !	IM Pa		otified	2
	in by	oe file		be no	
	filled	ploo		must	3,
	etely	12 sh		miner	
	ompl	l and		exo	Ş
	puo	oges		edico	1
	Cion	ers. P	-	the m	
	phys	dodu	move	vent,	
	guipu	corbo	or re	ofic e	
	otte	nove	ofion	froun	
	by the	se rer	crem	other	
	peu	plea	ursal	y, or	
	gis ua	Ther	or to b	injur	
	as be	ermit	e price	s any	ť
	ote ho	insit p	ygien	show	1
1	rtifice	ol-fro	H Jote	81 ma	7
,	his ce	e bur	d Me	lor th	
	After 1	os the	th on	orked	
	OR: A	or Use	Heo	l is m	
1	RECT	hed fo	pt. o	em 2	
	AL D	detact	ote De	T. IF B	
and the second s	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page	should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours after dear	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumant event, the medical examiner must be notified at ance.	-
	TO F	shoul	with	IMPO	1

may be

FOR

STATE OF MARYLAND 79-10728 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N			
ı		CEASED NAME FIRST	٨	NOOLE	L	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
	(ITPE	ANGELA	L	OUISE	SIN	ICLAIR	23 MAY 7	9		0924A.M
i	3 SEX	(4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ì	88	FEMALE	CAUC	A	MONTE	8 MAR 79 YEAR	3	YRS.	MONTHS DAYS	HOURS MIN
	7a. BIF	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED	9 BALTIMORE CITY O		Y OF DEATH	
7		ASHINGTON, D.C.	USA		WIDOWE		ANNE ARUNI	EL CO	DUNTY	MD.
-		ORT MEADE	(IF NOT IN SUC	H FACILITY, GIVE STREET A	ADDRESS)	ROTHER INSTITUTION	126 USUAL OCCUPATI			F BUSINESS OR
-	USUA	L RESIDENCE (IF NURSING HOME O		ROUGH ARM		PLTAL		7 0 57	C. D. LL	- D •
2	13a S	D ANNE		FORT ME	N	136 INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS	T82T	C Patte	n Drive
d	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST	WIDDLE		LAS'	
4				SINCLAIR		JAKALINE	ANN			
		AS DECEASED EVER IN U.S. AI ES, NO OF UNKNOWN) (IF YES, GIV	RMED FORCES? (E WAR OR DATES)	166 SOCIAL SECUI	RITY NO.	17 INFORMANT Fath			ol C Pat	
		No		N/A.		Robert L. S	Sinclair	Ft.	Meade,	
1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per							MATE INTERVAL
			TE CAUSE (0)	CONGESTI	VE HE	CART FAILURE		100	8 W	eeks
		7469	DUE TO, OF	AS A CONSEQUE						
	71.	Conditions, if any, which	(b)	CONGENIT	AL HE	CART DISEASE -	- type unkno	wn	-	eeks
		couse (a), stating the underlying couse lost	DUE TO, OF	R AS A CONSEQUE	NCE OF				(bi	rth)
1		PART 2 OTHER SIGNIFICANT	(c)	NITBIBLITING TO D	E A THE DIST	NOT BELLETED TO THE TERM	ALLA LOS CONTRACTOR CO	DITIONIC	WENT INT DADT 14-	
1	Z		naturity	NIKIBUTING TO D	EAIN BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION G	VEN IN PART HO	
Н	CERTIFICATION	190 DATE OF OPERATION		TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
Ŋ	IFIC						YES NOT		IFYING CAUSES	OF DEATH?
П	CER	210 ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR				
H		OR CONTRIBUTING CAUSE OF DE	A I C	M. MONTH DA	Y YEAR	5-59-72				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE (OF INJURY		211 LOCATION				
ı	¥	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TOV	/N	COUNTY	STATE
9		22a.1 certify that OC (this hosp	ital) attended the	deceosed from				У	19.79	that 🏋 (we) lost
9		sow the deceased alive or above, K (we) (200 1200)	n view the hady	ofter death (%1	a) . or	nd that in (m) (our) opinion	death occurred on the de	te and ho	ur and from the	couses stated
1		226. SIGNATURE		4		DEGREE	0.4411.444.6		22c. DATE	
		12HS	Devide	Jama	-	ATTENDING PHYSICIAN [MEDICAL STAT		23M	ay 79
		22d. PHYSICIAN'S NAME (THE	DE PERMIT	,		22e ADDRESS			207	55
		STEVEN A. LAI	RSON, MA	J, MC		KIMBROUGH A	ARMY HOSPITA	L, F		
	23a. B	LIRIAL CREMATION REMOVAL	23b. DATE	123c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE .
	(3	Burial	5/27	/79 ET	verg	een Cemete	ry Milo, I	isca	ataquis	, Maine

BP

DHMH - 16 50M 7/77 (VR A 15 (4))

Piscataquis, Milo,

MAY 25 1979 Ristray recovery

²⁴ FLECK LARUEL FUNERAL HOME, INC. 7601 Sandy Spring Rd. Laurel, Md. 2081

02-101-01 France A PART - A PART Pick to Allegan . A to the control of the control o moy be

death. Page 4

24

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BY REGISTRAR

	YEAR 26 HOUR
	1979 "
MARS WHITE OCT 2 1896 82, YRS. MON	
16. CITIZEN OF WHAT COUNTRY? AMARRIED NEVER MARRIED DIVORCED PANCE AR US	NDEL MD.
ANNAPOLIS ATTURE GENERALIZATION (TYPE WORK FOR MOST OF WORKING FE)	126. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME ON OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 130 STATE 130 STREET ADDRESS HURC 130 STREET ADDRESS HURC	H RD.
HUBUSTA MIDDLE SNITTH IS. MOTHER'S MAIDEN NAME HOLE NO.	PECK
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SMITTI	4 #13
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF COMMENT OF COMENT OF COMMENT OF C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse Ioi, stating the underlying couse lost. (b) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	N. CARTA
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART I(o
	VERE FINDINGS USED IG CAUSES OF DEATH?
	OR PART 2
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) P. M. 19 21d. INJURY OCCURRED VIII. INDICATION STREET CITY OR TOWN STREET CITY OR TOWN	COUNTY STATE
sow the deceased alive an	, that (I) (we) lost and from the couses stated
226. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	5-23-79
22d. PHYSICIAN'S NAME (TYPE OF PRINT). 22e. ADDRESS ROBINSON ROSEVER 230. BLIPIAL CREMATION, REMOVAL 1236 DATE 1230. BLIPIAL CREMATION, REMOVAL 1236 D	WA PX MD

5-26-79 GLEN HAVEN

BP. DHMH - 16 50M 1/76

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the future should be detached for use as the buriol-transity permit. Then please remove carbompopers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

must be

injury, or other troumotic event, the medical

IMPORTANT: If Item 21 is morked or Item 18 shows ony

(VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician ROBINSON RO SOLENA PU MD

21201	ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours after death. Page 4 may be spital or attending physician.	CTOR: After this certificate has been signed by the attending physician and completely littled in by the funcial direction page 3 for use as the busial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 footbard death
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ificate be executed within 24 !	physician and campletely lilled npapers. Pages 1 and 2 should
CORDS, 201 W. PRESTON ST	w requires that the death cert	seen signed by the attending
DIVISION OF VITAL REC	ATTENDING PHYSICIAN. The law ispital or attending physician.	CTOR: After this certificate has been signed by the attending physic I for use as the burial-transit permit. Then please remave corban pape

rould by 0

BP

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDOLE CAST 2a DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) R. SMITH SARAH 27 IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR MONTH YEAR OAY5 MIN. FEMALE CAUCASIAN 2 02 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY ANNE ARUNDEL CO. Pennsylvania USA WIDOWED DIVORCED MD. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12s USUAL OCCUPATION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ANNE ARLUDEL GENERAL HOSP, Housewife ANNAPOLIS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 5704 N. SHORE PKWY. Md Churchten YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIR51 Russell Holden Harry Mary 0 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT IYES, NO OR UNKNOWN I HE YES. GIVE WAR OR DATEST Son, Same as Above 579-60-6778 Donald Smith, No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and event, PART I DEATH WAS CAUSED BY afte A CONSEQUENCE OF other traum Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last ò PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO NO F 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION ō 214 INJURY OCCURRED 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE AT WORK 220.1 certify that (I) (this haspital) attended the deceased from w the deceased plive or and that in (my) found opinion death occurred on the date and hour and from the causes stated obove, (#7(we) (did) (did not) view the body after death 221 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING / MEDICAL STAFF * PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e. BURIAL, CREMATION, REMOVAL 23b. DATE Bladensburg, P.G., Burial 5-30-79 Ft. Lincoln Cem. 24 FUNERAL DIRECTOR RObt Wilhelm 4308 Suitland 250. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE DHMH-16 20M (VRA 15, 4) 7/7B Funeral Home Rd., Suitland, Md

The Market State of POVICE AND THE STATE OF THE STATE OF

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

PHYSICIAN: The

TTENDING

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages I and 2 should be filed within 72 hours after deat with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal. WPORTANT: If them 21 is marked or them 18 shows any injury, an other traumatic event, the medical examiner must be notified at once. requires that the death certificate be executed within 24 hours often

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-		B	0	7	2	1
7	9	-	1	U	1	J	ı

1	REGISTRAR			CERTIFICATE OF DEATH REG. NO.									
13	I DE	CEASED NAME	FIRST	MID		ŧ	AST	2R. DATE OF DEA	тн монтн	DAY	YEAR	2b. HOUR	
and a	,,,,,		1/el	7	Lois	5	alomob		5-	14 -	79	1:50/A M	
	3 SE	X		RACE		5 DATE C		6 AGE IN YEARS LA	ST BRTHOAY)	MON!	NDER I YEAR	HOURS MIN	
	_	emple		White	٠.	2	- 16- 37		421	RS		TOOKS MAY	
2 6		RTHPLACE (STATE OR OUNTRY) Md	FOREIGN 7	USA	HAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CI	TY OR COU	NTY OF	DEATH		
3 /					WIDOWED DIVORCED				AA CO MI 120 USUAL OCCUPATION 126 KIND OF BUSINESS OF				
53		napolis	AIM		ACHITY GIVE STREET		DK OTHER INSTITUTION	Medical"	ASST OF WORKIN	AC TRE)	126 KIND OF BUSINESS OR MEDICAL		
35	USU 130 S MC	AL RESIDENCE (# NU TATE	13b COUNT AACO		ve residence before la. CITY OR TOW nnapol1:		134 INSIDE CITY LIMITS?	13 STREET ADDR	^{ESS} Garre	ett B	31vd		
121	14. F/	THER'S NAME FIRST	M	IDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	DIE		LAS	or .	
641		lliam			Plaine		Anna			reer	nfiel	1	
1		VAS DECEASED EVE YES, NO OR UNKNOWN)		WAR OR DATES)	SOCIAL SECU		17 INFORMANT		DDRESS				
		no	1	[2	12 34 5	412	Selig Solomo	n,, #13		_			
		18 CAUSE OF DEA	TH (Enter only	y one couse per lin	e for (a), (b), and	q ic.,	2				BETWEEN ONSET AND DEATH		
		101/0	IMMEDIATE	CAUSE (o)	(a	1	0 0000						
		DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if on		(ıb)									
		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF											
		underlying cour	e last.	(c)									
	z	PART 2 OTHER SIC	ONIFICANT CO	ONDITIONS CON	TRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN	IN PART 1	01	
	CERTIFICATION	19a DATE OF OPER	ATIONI	Ties CONDITIE	ON FOR WHICH	OBERATIO	NI WAS DEBEORISED	20a AUTOPSY?	205 16	E VES \A/	EDE EINIDIO	ACE HEED	
9	FIC	DATE OF OPER	ATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				IN CERTIFYING CAUSE			G CAUSES	S OF DEATH?	
-	- E	71a ACCIDENT WAS U	NUMBER AIRING TO	RLYING 7 216. TIME OF INJURY			21. HOW INTURY OCCUR	YES NO YES			NO [
9		OR CONTRIBUTING	CAUSE OF DEAT	110110 4 44	MONTH DA	YEAR	THE HOW INJURY OCCUR.	KED (ENIER NATURE O	FINAL IN THE M	IR. PART	ORPARI 2)		
	MEDICAL	214 INJURY OCCU	RRED	21R PLACE OF	INJURY , FACTORY, OFFICE, F.	ADM ETC.)	211 LOCATION	CITY	ORTOWN		COUNTY	STATE	
	2	AT WORK AT W	WHILE .	TAT HOME, STREET	, FACTORY, OFFICE, F.	ARM, ETC.)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			JIAIL	
		220.E certify that (l) (this hospite		deceased from_	FEB	. 19_22		14	19_	79	that (I) (we) lost	
21 1		sow the decea	sed alive on_	view Mith body of	ter death.	9 . 01	nd that in (my) (our) opinion	deoth occurred on	he date and	hour on	d from the	couses stated	
		The Signature Degree 22c Date Signed									SIGNED		
		181	No	when	1	S	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN				
	1	224. PHYSICIAN'S NAME (TYPE OR PRINT) 22R ADDRESS											
1		J. WAT	Kins				ANNAPOLIS	m	/ a	1140	/		
	230	BURIAL, CREMATION	I, REMOVAL	236. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	4	cou		STATE	
		Burial		5-15-79	Kne	eseth	Israel	Annapol					
м	24 FI	UNERAL DIRECTOR	40		ADDRESS		25R. DAT		RAR 25h. RE				
78	Ha	rdesty FH,	12 Rid	igely Ave	, Annapo.	lis, M	d.21401 MAY	/ 1 6 1979		HIPP	ymal	ready	

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-	10	7	3	2
-----	----	---	---	---

1-	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.	9-10	132
	CEASED NAME	FIRST	٨	MIDDLE	L	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOURDST
		BERTI	E	R.	SP	ENCER	MAY	30.	1979	9:50A M
J. SEX	Male		4 RACE	lyta	5. DATE C		6. AGE (IN YEARS LAST BII	RTHDAY]	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
C	RTHPLACE ISTATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OF ANNE ARUN			MD.
	TY OR TOWN OF DEA	тн	(IF NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREE H ARUNDE	ING HOME C	PROTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEW)	OF WORKING		OF BUSINESS OR
USUA 13a S	AL RESIDENCE (IF NURS STATE Md.	13P COAL	OTHER INSTITUTION,	13c CITY OR TO	me admission) wn rnie	13d INSIDE CITY LIMITS?	13. STREET ADDRESS		s Ct.	
14 FA	THER'S NAME FIRST	l N	MIDDLE	Ruby		15 MOTHER'S MAIDEN NAME FIRST EMMA			LA	\$T
	VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SEC 217 12	6155	Thelma D.	Cox, 172		asadena Shore	
	18 CAUSE OF DEAT PART I. DEATH W	'AS CAUSE	ly ane cause per D BY: 'E CAUSE (a)	line for (a), (b), o	ndic	tun Hea	& Parle	المد	APPROX BETWEEN	RIMATE INTERVAL ONSET AND DEATH
	Canditions, if ony, gove rise to imm couse (0), statin underlying cause	mediate ig the	(b)	R AS A CONSEO	UENCE OF	clube Ne	at dia	fea	74	
CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	INAL DISEASE OR COM		GIVEN IN PART 11 YES, WERE FINDI	
RTIFIC							YES NO		RTIFYING CAUSES YES	NO [
MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	ALEXAMINER	P.,	M, MONTH (DAY YEAR	ZTC HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	JRY IN ITEM 1	18, PART 1 OR PART 2)	
MED	AT WORK DE AT WO	HAZ ETT	21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE	FARM, ETC.)	LOCATION STREET	CITY OR TO	WN 6	COUNTY	STATE
	Mad certify that (I) saw the dicease above, (I)	ed alive on	Lalla	17) 19		nd that in (my) (our) apinion	death occurred on the c	date and h	19 nour and from the	that (1) (we) fast causes stated
	27 SIGNATUR	X	nge &	Ram	no		MEDICAL STA	CIAN	5/	30/75
	JORGB B	1	IREZ, M	.D.	0		HOSPITAL DE BURNIE, MA			
73u. 6	Burial	REMOVAL	23b. DATE 6/2/1			emetery or crematory wn Cemetery			e, Md.	STATE
24 F	INFRAL DIRECTOR			ADDRESS	-	25a. DAT	E REC'D. BY REGISTRAL	256. REG	STRAR'S SIGNA	TURE
Ge	0. J. Go	nce,	4001 Ri	itchie	Hg., E	Baltimore M	AY 3 1 1979	pe	ofthey Me	Cread.

Gonce, 4001 Ritchie Hg., Baltimore

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fune should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WHORTANT: If them 21 is marked or Item 18 shows any injury, or ather troumatic event, the medical examiner must be natified at a

18132	- e y			
		1001,0	District	
				Salar no l
	ioneany" =			
	All streets 1731		ve noth	
			v day	
	007, 272 Telle 310	A MARKET PER		
	- en ili te	all addalg, G		
	14/5/3 -	34/4	10275	
93/3		· PM 6		
05-4	Control Tal	rotano awa da	8/2/2	LE 315
		•	almeter Leed,	ronse di cam

			STATE OF WAKTLAND		- 700
1 - 3	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 9	-10/33
	ASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D	DAY YEAR 25. HOUD
(TYPE OF	MARY	ELIZABETH	SWONGER	MAY 26, 197	
3. SEX	_	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	F UNDER I YEAR IF UNDER 24
	Temal	Went	Sept 19, 1910	68 yrs YRS	
	HPLACE (STATE OR FOREIGN NTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
	New Jersey	U.S.A	WIDOWED DIVORCED	ANNE ARUNDEL	COUNTY
	OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION (ADDRESS)	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS INDUSTRY
	EN BURNIE	NORTH ARUNC		Housewife	
USUAL 13a STA	RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	READMISSION) VN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1(-)
		Arundel Glen B		1123 Leonard Dr	. (21061)
14 FATH	HER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA		LAST
	William	Glover			uriell ^{'st}
	S DECEASED EVER IN U.S. AR	E WAR OR DATES)		ADDRESS	
	No -	213-28-	2019 Mr. William	Swonger-4315 Buch	
1		nly one couse per line for (a), (b), or	od/c.		BETWEEN ONSET AND D
	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0)	y IT		
	434-	DUE TO, OR AS A CONSEQU	ENDE OF		
	Canditions, if any, which	(b)	Min director		
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF	API	NETT
	underlying cause last	()c)		100	1XM
	ART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	EN IN PART No
CERTIFICATION		rachen wiff			
3 1	DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH
	414179	- raclui	hip.		S NO
	18. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		AY YEAR TIL HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART I OR PART 2) ACC
1 3 L	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. / /	5 1979 tell al	Ann - brach	uch.
1 9 1	14 INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STA
	T WORK NOT WHILE	grue		rand Drive Huyb	ursing BA M
2 2		ital) attended the deceased from.	a w	1022/26	9 Char (1) (w
	sow the deceased alive on above, (I) (ive) (did) (did no	May 2 1 19 19 19 19 19 19 19 19 19 19 19 19 1	, pnd that in (my) (our) opinion	death occurred on heldote and have	and from the couses up
2 - 2	26. SIGNATURE	1	DEGREE		Th. DATE SIGNED
	/ July		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/26/
2	24 PHYSICIAN'S NAME INPEC	OR PRINT)		HOSPITAL DR. S	UITE 207
	JORGE B. R	AMIREZ, M.D.	GLEN		
23a BU	RIAL, CREMATION, REMOVAL	. 23b DATE 23c	NAME OF CEMETERY OR CREMATORY	234 LOCATION	
00					
(SPE	Burial	5/28/79 I	Mt. Zion United Met	th Church, Freelan	id, Balto, M
24 FUN	Burial	5/28/79 1 neral Home 3818	25a. DI4		id, Balto, M

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the busial-transit permit. Then please remaye carbonpapers. Pages 1 and 2 should be filed within 72 hours offer with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or remayal.

within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo etoined by the hospital or attending physicion.

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79	-	1	0	7	3	4

	REGISTRAR									
	CEASED NAME FI	RST	MIDDLE	LA	AST	20.	DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
11171	Jane		M	Thay	ER		May	14	1979	14 p
3 SE	X	4 RACE		5. DATE O			GE (IN YEARS LAST B	RTHDAY	IF UNDER I YEA	
	+	W		Dec.		AR 49	29	YR:	MONTHS DAYS	HOURS M
	IRTHPLACE (STATE OR FOREIG	Th CITIZEN	OF WHAT COUNTR	Y? 8	NEVER MARRIE	9 B	ALTIMORE CITY	OR COUN	NTY OF DEATH	
-	JADAN	u	· 3 · H	WIDOWE			Anne	ARU	nde/	
	ITY OR OWN OF DEATH		OF HOSPITAL, NURS		R OTHER INSTITUTIO		USUAL OCCUPA E_OF WORK FOR MOST			OF BUSINESS
_	nnapolis	Hnne	HRUNdel	Gen.	Hosp.		STUDEN	1		
USU 130	STATE 13b	COUNTY COUNTY	TION, GIVE RESIDENCE BEF		134 INSIDE CITY LIM	NITS? 13e	STREET ADDRESS	350	Sherwood	ed Trai
_	7.1.7	Anne Heund	el Annapo	ilis	YES NO	X	Epping	Fo Res	t Annapa	ilis
14 F/	ATHER'S NAME	Z ODLE	LAGGE	,	15 MOTHER'S MAID	EN NAME	MIDDLE		11	asl =
K	AYMOND	PDW	ARD H	AYER	Patrici	a			MAR	TIN
	WAS DECEASED EVER IN I	J.S. ARMED FORC YES, GIVE WAR OR DATE		CURITY NO.	17 INFORMANT		ADD	RESS		
	No	_	216-69-1	372	K.E. 1+1P	YER	#	13		
	18 CAUSE OF DEATH (E PART I, DEATH WAS	inter only ane cous	e per line far (o), (b),	and ic	1 1				BETWEER	NIMATE INTERVAL
	Conditions, it ony, what gove rise to immedicause (o), stating	nich (D, OR AS A CONSEC							
ICATION	Conditions, it ony, wh	DUE T	D, OR AS A CONSEG	OUENCE OF			DISEASE OR CO	20b. IF	GIVEN IN PART 1 YES, WERE FIND RTIFYING CAUSE	INGS USED
RTIFICATION	Conditions, if ony, wh gove rise to immedicause to), stating underlying couse I PART 2 OTHER SIGNIFICATION DATE OF OPERATION	DUE T inich (inich inich	D) OR AS A CONSEGUE OF THE CONTRIBUTING TO CONTRIBUTION FOR WHICE	OUENCE OF	N WAS PERFORMED	2 Y	00 AUTOPSY?	20b. IF IN CER	YES, WERE FIND RTIFYING CAUSE YES	INGS USED
L CERTIFICATION	Conditions, if ony, wh gove rise to immedicause (o), stating underlying couse I PART 2 OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY	DUE T inich tote the DUE T inich the Ost T ini	D)	OUENCE OF O DEATH BUT I		2 Y	00 AUTOPSY?	20b. IF IN CER	YES, WERE FIND RTIFYING CAUSE YES	INGS USED S OF DEATH?
	Conditions, if ony, we gove rise to immedicause to , stating underlying couse I PART 2 OTHER SIGNIFIE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALEX	DUE T nich oote the DUE T CANT CONDITION 19b. Co VING 2b. Th. E OF DEATH AMINER)	D) OR AS A CONSECTION OF THE CONTRIBUTION FOR WHICH CONTRIBUTION FOR	OUENCE OF O DEATH BUT I	N WAS PERFORMED	2 Y	00 AUTOPSY?	20b. IF IN CER	YES, WERE FIND RTIFYING CAUSE YES	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	Conditions, if ony, wh gove rise to immedicate (a), stating underlying cause I PART 2 OTHER SIGNIFIE 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CALE 21d, INJURY OCCURRED	DUE T nich oote the DUE T CANT CONDITION 19b. CO ING	D)	O DEATH BUT N CH OPERATION DAY YEAR 19	N WAS PERFORMED	2 Y	00 AUTOPSY?	20b. IF IN CER	YES, WERE FIND RTIFYING CAUSE YES	INGS USED S OF DEATH? NO
	Conditions, if ony, whigove rise to immedicause to is storing underlying couse. I PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	DUE T nich ote the ost CANT CONDITION 19b. CO 19b. TIME E OF DEATH AMINER) 21e. PL (AT HO)	DO, OR AS A CONSECTION ON DITION FOR WHICH ME OF INJURY R A.M. MONTH P.M. MCE OF INJURY NE. STREET, FACTORY, OFFICE	DUENCE OF O DEATH BUT II CH OPERATION DAY YEAR 19 EE, FARM, ETC.)	71c HOW INJURY C	2 Y	00 AUTOPSY? ES NO (ENTER NATURE OF IN	20b. IF IN CER	YES, WERE FIND RTIFYING CAUSE YES [] 18, PART 1 OR PART 2)	INGS USED S OF DEATH? NO
	Conditions, if ony, whigove rise to immedicause to, storing underlying couse I PART 2 OTHER SIGNIFIE 19a. DATE OF OPERATION OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE AT WORK 226-1 certify that II) this	DUE T nich ote the ost CANT CONDITION 19b. CO 19b. CO 19b. CO 19b. Ti E OF DEATH AMINER) 21e. PL (AT HO) s hospital) attender	DO, OR AS A CONSECTION OF INJURY R A.M. MONTH P.M. ACE OF INJURY NE, STREET, FACTORY, OFFICE	DUENCE OF O DEATH BUT II CH OPERATION DAY YEAR 19 19 19 19 19 10 10 10 10 10	216. HOW INJURY C	DCCURRED	ES NO CITY OR TO	20b. IF IN CER JURY IN STEM	YES, WERE FIND RTIFYING CAUSE YES 18, PART I OR PART 2)	INGS USED S OF DEATH? NO STATE
	Conditions, if ony, wh gove rise to immedicate (o), stating underlying couse I PART 2 OTHER SIGNIFIE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTHEY MEDICAL EX 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270-1 certify that (1) this sow the deceased above (1) (or of total or obove (1)) (or of to	DUE T for the cost of the DUE T cost of the DUE	DO, OR AS A CONSECTION ON DITION FOR WHICE ME OF INJURY R. A.M. MONTH P.M. ACE OF INJURY AE, STREET, FACTORY, OFFICE of the deceased from	DUENCE OF O DEATH BUT N CH OPERATION DAY YEAR 19 19 19 19 19 10 10 10 10 10	21c. HOW INJURY C 21f. LOCATION SIREET 19 d d that in(my) our) o	DCCURRED	ES NO CITY OR TO	20b. IF IN CER JURY IN STEM	YES, WERE FIND RTIFYING CAUSE YES 18. PART 1 OR PART 2) COUNTY 19 hour and from th	INGS USED S OF DEATH? NO STATE
	Conditions, if ony, wh gove rise to immedicause to), stating underlying couse I PART 2 OTHER SIGNIFIE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTHY MEDICAL EX 21d. INJURY OCCURRED WHILE AT WORK 27c. I certify that I) this sow the decrease and so the processor of the country of the countr	DUE T for the cost of the DUE T cost of the DUE	DO, OR AS A CONSECTION ON DITION FOR WHICE ME OF INJURY R. A.M. MONTH P.M. ACE OF INJURY AE, STREET, FACTORY, OFFICE of the deceased from	DUENCE OF O DEATH BUT N CH OPERATION DAY YEAR 19 19 19 19 19 10 10 10 10 10	21c. HOW INJURY C	PING M	ES NO CITY OR TO	20b. IF IN CEF	YES, WERE FIND RTIFYING CAUSE YES 18. PART 1 OR PART 2) COUNTY 19 hour and from th	INGS USED S OF DEATH? NO STATE
	Conditions, if ony, wh gove rise to immedicate (o), stating underlying couse I PART 2 OTHER SIGNIFIE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTHEY MEDICAL EX 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270-1 certify that (1) this sow the deceased above (1) (or of total or obove (1)) (or of to	DUE T nich oote the oost CANT CONDITION 19b. Co ING 2b. Th E OF DEATH AMINER) 21e. PL (AT HO) s hospital) attends (live on only live wither)	DO, OR AS A CONSECTION ON DITION FOR WHICE ME OF INJURY R. A.M. MONTH P.M. ACE OF INJURY AE, STREET, FACTORY, OFFICE of the deceased from	DUENCE OF O DEATH BUT N CH OPERATION DAY YEAR 19 19 19 19 19 10 10 10 10 10	21c. HOW INJURY C	PING M	ES NO CITY OR TO	20b. IF IN CEF	YES, WERE FIND RTIFYING CAUSE YES 18. PART 1 OR PART 2) COUNTY 19 hour and from th	INGS USED S OF DEATH? NO STATE
	Conditions, if ony, wh gove rise to immedicause to), stating underlying couse I PART 2 OTHER SIGNIFIE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALEX 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK 220-1 certify that II this sow the deceased above (II) whe iddid 22b. SIGNATURE	DUE T nich oote the oost CANT CONDITION 19b. Co ING 2b. Th E OF DEATH AMINER) 21e. PL (AT HO) s hospital) attends (live on only live wither)	DO, OR AS A CONSECTION ON DITION FOR WHICE ME OF INJURY R. A.M. MONTH P.M. ACE OF INJURY AE, STREET, FACTORY, OFFICE of the deceased from	DUENCE OF O DEATH BUT N CH OPERATION DAY YEAR 19 19 19 19 19 10 10 10 10 10	21c. HOW INJURY CO	PING M	ES NO CITY OR TO	20b. IF IN CEF	YES, WERE FIND RTIFYING CAUSE YES 18. PART 1 OR PART 2) COUNTY 19 hour and from th	INGS USED S OF DEATH? NO STATE
MEDICAL	Conditions, if ony, wh gove rise to immedicause to), stating underlying couse I PART 2 OTHER SIGNIFIE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTHY MEDICAL EX 21d. INJURY OCCURRED WHILE AT WORK 27a. I certify that II this sow the deceased above (II) (I) eyedid 27b. SIGNATURE 22d. PHYSICIAN'S NAME 27d. PHYSICIAN'S NAME 27d. PHYSICIAN'S NAME BURIAL, CREMATION, REA	DUE T note the outer the	DO, OR AS A CONSECTION OF A	DUENCE OF O DEATH BUT II CH OPERATION DAY YEAR 19 E. FARM, ETC.)	216. HOW INJURY CO	DING MI	EDICAL STEECTOR PHYS	20b. IF IN CEF	YES, WERE FIND RTIFYING CAUSE YES 18. PART 1 OR PART 2) COUNTY 19 hour and from th	INGS USED S OF DEATH? NO
MEDICAL	Conditions, if ony, wh gove rise to immedicate to instant the couse th	DUE T note the outer the	DO, OR AS A CONSECTION OF A	DUENCE OF O DEATH BUT II CH OPERATION DAY YEAR 19 E. FARM, ETC.)	216. HOW INJURY CO. 217. HOW INJURY CO. 218. HOW	DING MILIAN DISTORY 12	EDICAL STEECTOR PHYS	20b. IF IN CEF	YES, WERE FIND RTIFYING CAUSE YES 18, PART 1 OR PART 2) COUNTY 19 122. DAT 5//	STATE that 11 we e causes state E SIGNED

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

16101-61 death

that the

TENDING PHYSICIAN, The law

TO HOSPITAL OR ATTEN

יולו ניי ניי בני בניברביני יי

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	7	9	-	1	0	7	3	5
--	---	---	---	---	---	---	---	---

		REGISTRAK					MIL OI DEM		REG. N	0.		
		CEASED NAME	FIRST	WIDDLE		LAS		7	e. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(IIPE	OR PRINT)	osephi	ne Fu	nk	Thu	ırn			5/	3/79	930/
	3 SE)		01	RACE		S. DATE OF	BIRTH	6	AGE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
		FE	make	White		5	- 30 -	94	84	YRS.		HOOKS MIN
	7a BII	RTHPLACE (STATE C	R FOREIGN 76	CITIZEN OF WHA	T COUNTRY?	MARRIED	☐ NEVER MARR	IED 0	BALTIMORE CITY	R COUNTY	OFDEATH	
35		MARGO	AND	U.S	A.	WIDOWED			HUNE 1	TRUN	VOEL	MD.
0	10.9	TY OR TOWN OF	DEATH 1		PITAL, NURSING		OTHER INSTITUT		20 USUAL OCCUPAT			F BUSINESS OR
744	An	APOLIS		BAY K	HNOR.	Nue	SING		House Wi		Own	Home
35	130 5	AL RESIDENCE (IF A	13b COUNTY	THER INSTITUTION, GIVE	RESIDENCE BEFORE A CITY OF TOWN	1.1	3d INSIDE CITY LI	MITS?	30 6 SIL	Jerry	BAY	Rs.
	14. FA	THER'S NAME	МІГ	DDLE	LAST	1	5 MOTHER'S MA	IDENNAME	MIDDLE		LAS	1
098		Charles	7116		Funk		Mary				Nag	e1
7,		VAS DECEASED EV			SOCIAL SECURI	ITY NO.	1 INFORMANT	(daı	aghter)DDR	ESS	S	ame as
1		No	N/A		15-10-	1934	Mrs. J	acque	eline B.	Eato	n #	13
		18 CAUSE OF DE PART I. DE ATH	ATH Enter only I WAS CAUSED IMMEDIATE		far (a), (b), and	1 1	men	Lieni	due to	asi	APPROXI BETWEEN	MATE INTERVAL DNSET AND DEATH
		4409	IMMEDIATE	CA032 14)	A CONSEQUEN		t					
		Canditians, if a	iny, which	(b)	a. S	Ar. Y	0-					
57		gove rise to		DUE TO OR AS	a Consequen	ICE OF						
			use lost.	100000000000000000000000000000000000000	4	1						
	z	PART 2 OTHER S	IGNIFICANT CO	NDITIONS CONTE	RIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMIN	AL DISEASE OR CON	DITION GIV	VEN IN PART TO	
	ATIO	19g DATE OF OPE	RATION	TI96. CONDITION	N FOR WHICH O	PERATION	WAS PERFORME	D	20a AUTOPSY?		S, WERE FINDIN	
9	CERTIFICATION								YES NO		FYING CAUSES	OF DEATH?
9		210 ACCIDENT WAS		216. TIME OF IN	JURY MONTH DAY	YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18, !	PART 1 OR PART 2)	
	ICA	(IF EITHER, NOTIFY M		P.M.	LILIEV .	19	211. LOCATION					
H	MEDICAL	WHILE NO	T WHILE T	21e. PLACE OF II (AT HOME, STREET, F	ACTORY, OFFICE, FAR		STREET		CITY OR TO	WN	COUNTY	STATE
	9.0		(I) (phis haspita	() ottended the de	ceased from	12	2	77	10 5 · L		1979	that (1) (we)-l ast
	1/1	saw the dec	eased alive on	view the body alte	r death	9, ond	that in (my) (que	apinion de	eath occurred on the d	ote and hav	ur and fram the	couses stated
	0.0	22b. SIGNATURE				DI	GREE	-			22c. DATE	SIGNED
			Lymila	H. Wil	am	14		ICIAN 2	MEDICAL STA		5/3	/79
1		22d. PHYSICIAN'S	NAME (TYPE OR P	RINT)			22e ADDRESS	133				
	23o E	BURIAL, CREMATIC	ON, REMOVAL	23b. DATE	23c. NA	ME OF CE	METERY OR CREM	AATORY	23d. LOCATION		60 miles	STATE
	(uriel		5/7/79	Dr	uid F	Ridge C	em -	Pikesvi	11e	Balto	
		UNERAL DIRECTO	A H	de l'	ADDRESS			250 DATE			RAR'S ACTU	resoly
	S	ingleto	n Fune	ral Hom		Bur	nie Md.	MAY	8 19/9	Just	7	/
	1	TING LE LL	T LUIG	4 0 1 11011	- VICI		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the firming should be detached for use as the burial-transit permit. Then please remove corbonopopers. Pages 1 and 2 should be filled within 731 with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumotic event, the medical examiner must be notified of and

00101-67	Estic to motion in	
4/2/24	Voxual sing of the	
43		True of
ouse Wilde Wayn Home	The state of Landson and the	Lorent
La Jane Long King Fig.	Who we reduce he see in	
ingel	WYEND OF SHEET	2017502
testi accon	Camponi . and San Strain a six	0
84/8/9		

5/7/79 Druis Ridge Cem. Pisseville

Sincieton Funeral Mome Gien Inchie, 88.

Ja:

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	1
TO HOSPITAL OF ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours, ofter alleans. Pag-	Pod wies
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the faminal data should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages I and 2 should be filled within 72 haur with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	meral der
IMPORTANT. If Hem 21 is morked or Hem 18 shows any injury, or other traumatic event, the medical examiner must be notified at ance.	of once.

STATE OF MARYLAND

10736

		1 -	STATE REGISTRAR		DEPARTMEN	ERTIFI	CATE OF DEATH	REG. N	79	-101	5 0
		1 DE	CEASED NAME FIRST ORPRINT) WILLIAM	n H	(E	TRA	cey, sr.	20 DATE OF DEATH		1 79	1230 M
M).	ı	3 SE	Male	4 RACE Whit	e	DATE O MONTH	F BIRTH VEAR VEAR	6 AGE (IN YEARS LAST BIR	O YRS	ONTHS DAYS	IF UNDER 4 HRS. HOURS MIN
un 72 ho	10		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHA	AT COUNTRY?	MARRIED	NEVER MARRIED	BALTIMORE CITY C	R COUNTY	OF DEATH	
	1/	Wa.	shington, DC	USA 11. NAME OF HOS		HOME O	DIVORCED TO THE ROTHER INSTITUTION	Anne A	runde		MD. BUSINESS OR
by the filled with	53	Δn	napolis		undel H		ital	Retired		1 .	TOH OR
e e			AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE AD	MISSION)		130 STREET ADDRESS		DICEUI	re Oper
tely filled 2 should b	5	Ma	ryland Anne	Arundel	Annapol		YES NO	112 Carro	oll Di	cive.	
d 2 sl	71.1	14 FA		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
omple ond of exom	ol [Ida M	Edgar VAS DECEASED EVER IN U.S. AR	MED EODOESS THE	Tracey SOCIAL SECURIT	7	Ella 17 INFORMANT	ADDR	ec c	Cald	dwell
Poges medical	1	()	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR OATES)							20-1
	. 3		no no		5-01-45		Mildred S.	Tracey-wi	te-(s	same as	ATE INTERVAL
physicio onpopers. emovol. event, the			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY	R-C	NV	Jory Fai	lure		DAY S	SET AND DEATH
			491 - IMMEDIA	E CAUSE (o)	A CONSEQUENC	5.05		0		/	
ottendin nove corb lotion, or i troumotic			Conditions, if ony, which	((b)	Jeu (re	COPI				
400 4			gove rise to immediate couse 101, stating the	DUE TO, OR AS	A CONSEQUENC	F OF					
d by teleose iol, cre			underlying couse lost	(c)							
n signed Then pli to buri		NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONT	RIBUTING TO DEA	TH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1(0)	
te hos bee isit permit giene prior shows ony	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OP	ERATION	WAS PERFORMED	200 AUTOPSY?	206 IF YES, IN CERTIFY YES	WERE FINDING	SS USED OF DEATH?
ng physici certificate rital-transi ental Hygi frem 18 sh	9		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110110 1 11	JURY MONTH DAY	YEAR	21¢ HOW INJURY OCCURR	4 8 8 8	RY IN ITEM 18, PA	RT I OR PART 2)	
o A bu	ы	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF I	NJURY FACTORY, OFFICE, FARM		211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
offer the strength of the ord		2	WHILE NOT WHILE AT WORK	(Articals, States)	ACTORY, OFFICE, FARM	, Erc.)		17/1		30	31812
OR A USe Health			220.1 certify the (1) Whis hospi	tol) attended the de	eceosed from 70	1	19/6	10_5/7	1		o (II) Piwe) lost
SECTO d for t of m 21			sow the deceased to ve on obove of (ye) (didy did no	t) view the body alte	r deoth.		that in (my) (dur) opinion d	leath occurred on the d	ote and hour		
y the hyderoche detoche ote Dep			22b. SIGNATURE	M. Fu	ierd	M.	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	5 M	171
TO FUNERA should be d with the Sto	1		22d PHYSICIAN'S NAME (TYPE O	PRINT) No. F	riend		16/6 For	esT Dr.	Anr	10 poli	s, Klad.
0 = 5 3 ≥		13	URIAL, CREMATION, REMOVAL	23b. DATE			METERY OR CREMATORY	23d. LOCATION City OR TOWN		COUNTY	STATE
BP			Burial	May 8,	1979 Ga	te	of Heaven	Sil, Sp		ontgome	
DHMH-16 20M [VRA 15, 4] 7/7			araer E. Pum	phrey, I	nours	MOL	3 y MAY 1	0 1979	REGISTR	ARS SIGNATUR	7

bost in the second

Tografia

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESS
execute the certificate, writing the word "pending" in pencil in item 18. Give pages 1, 2, and 3 to the funera
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED, WITHI
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PRES
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

						STATE OF A					
1 .		FOR STATE			EPARTMENT						0707
1		REGISTRAR		MED	ICAL EXAM	MINER'S	ERTIFICA	ATE OF DE	ATH RE	GNO -	0131
4		CEASED NAME	Paul	T	WIDDLE	4	LAST TUR	NER, Jr	20. DATE KNOW		DAY YEAR 26. HOUR
DET.		0	aul	L	lay	du	rnec		DEATH MATE	D, 🗆	12-1979 AM
A STATE OF	1 SEX	4. RAC	E S DA	TE OF BIRTH	YEAR LAST			UNDER 24 HRS	. 2c. DATE	MONTH	DAY YEAR 24 HOUR
7250 W		Male L	Chite &	2/13/	28 40	YRS. MONTH	15 DAYS	HOURS MIN	PRONOUNCED DE AD	5-1	2 79 A M
RAL RAL R Y HIN EST	7a. BI	RTHPLACE (STATE OR	7b C	ITIZEN OF WH	AT COUNTRY?	8. MARRI	ED NEVE	R MARRIED	9. BALTIMORE	ITY OR COUNT	Y OF DEATH
VECE S FO		Florida		U.S.	Α.	WIDOW		DIVORCED	P.A.C.	0.	MD.
HE B	10. CI	TY OR TOWN OF DEA	TH 11. N	AME OF HOSE	ITAL, NURSING H		ER INSTITUTION	ON 12a. US	SUAL OCCUPATION	TYPE OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
PAG PAG PAG S, 30	V .	Glen Burn		KKOL	-ct 10	21.12	rea.L	and I	Most of working Life Minister		Baptist Ch.
AIN ORD	USUA 13a. S	L RESIDENCE (IF IN NU	ISING HOME OF OTHER	RINSTITUTION, GIV	13c. CITY OR TO		13d INSIDE CITY	LIMITES 1120 ST	DEET ADDRESS		
AND RET HOU RECC		ryland	AnneAr	undel	GlenB	urnie		NO 1 5	REET ADDRESS	n Road	
H. 18	14_ F/	THER'S NAME					15. MOTHER	S MAIDEN NAM	E		
ES 1		Paul Paul	R	ay	Turne	r.Sr.	Ja		MIDDLE	В	Brewton
DRW OF NOF	16a. V	VAS DECEASED EVER	IN U.S. ARMED FO	ORCES?	166. SOCIAL SEC		17 INFORMA	NT	ADD	PRESS Same	as # 13
AFTI IVE F IN FC ISION		ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR OR		263-54	4-6378	Mrs	. Jean	nine E.		
WIT WIT		18 CAUSE OF DEAT	H (Enter only ane	couse per line l	or (a (b) and (c)	0 4	1				APPRO MAZE INTERVAL SETWO CONGET AND DEATH
A 18 A 18 NE.		PART I DEATH W	AS CAUSED BY:		teens	Al. I	liver	e D	bulle		BETWEEN CHEET AND DEATH
ITE/ ITE/ ITE/ ITE/ PER GIEI		4254	IMMEDIATE CAL	DUE TO, OF	S CONSEQUE	NCE OF		7.27		k	Justen
L HY VAIT		Canditions, if		6	/	22200					
MIN NCI	1	gove rise to cause (o) stating		(b)	S A CONSEQUE	NCE OF					
MEI AEI	177	lying cause last.	_	DOL 10, 0K	O A CONSEQUE	ACE OF					
BUR NND		PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIB	ILLING TO DEATH BE	NOT DELATED TO TH	E TERMINAL DISTACE	OR CONOUTION C	DUEN IN DARK 1			
SE EDING EDING S A TH /	Z	The Court of the C	CONDITIONS CONTRIB	OTHIO TO DEATH OF	DI MOI KELNIED ID IU	E TERMINAL DISEASE	OK COMUITION G	ITEN IN PART 1 (0).			
PENIE	MEDICAL CERTIFICATION	19s. DATE OF OPERA	TION	IN CONDITI	ON FOR WHICH	OPERATION W	AS PERFORMS	Eb?	-		78. AUTOPSY7
HEI USE USE USE USE USE	FIC	All District Property of the Park		Programme Contract	The Paris of the State of	S1.511511111111111111111111111111111111	Section 1	- E-1			
WORN WORN	E .	21a EXTERNAL CAUS	EWAS	21b. TIME CIE	IN HITPY	Tale no	W INTERVO	CCHRRED HARR	THATURE OF INJURY IN T	THE THE PARK TO SERVE	YES NO D
CATE WHE WHE WOULD THE POBULD	10	UNDERLYING 1	OR	HOURAM		YEAR /	11 -	11 4		1/1/	0
G T SHO SHO DR T	3	CONTRIBUTING C		21e PLACE O	FINJURY (AT HO)	ME PILLO	qui	ulis	far	mark	recent
CE IIIIN IIII IIII IIII IIIII IIII IIII IIII IIII	WE	MANUE	WHILE X	STREETFACTO	DRY, FARM ETE	\$	TREET	is al	OTY OR TOWN) cou	NTY STATE
WAR WAR VAG		AT WORK AT W	ORK ORK	CHU	ch	Sid	loge	Curk	Athel	melly	AHO MI
ATE. FOR'S PR: P		22a. I certify that	took charge of th	e remoins desc	ribed abave, held	an Autap	sy . 1	Inspection 2,	Inquiry .	and in my api	nion
AN THE	-	death resulted fram	Notural cour	ses L,	Accident,	Suicide	, Hamicid	e Unde	termined manner		
ERT CERT DIRE WIT			X/	5	/		TITLE (SPE	CIFY)			0
AL HOUNE		ACTUAL SIGNATURE	Au	hallt	•	м	D. De	DUY 9 MEI	DICAL EXAMINER	DATE	5-12-79.
DIC TE T TE T A S NER NORE		EXAMINER'S NAME	-	1	1	11		1		/	0
EXECUTE EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO		(TYPE OR PRINT)	1.	1111	ARO		ADDRESS	llan	ropal	· LL	
PA P	23a. B	URIAL, CREMATION, R	26000		73c. NAME O	F CEMETERY O	RCREMATOR		OCAHON Y OR TOWN	- COUNT	TY STATE
BP		Buria.	May	10,19	79 Oak			ry T;	allahass		
DHMH - 17 (VR A15 ME (5))	24. FI	INERAL DIRECTOR	Alla	Mannes 2		Md	25	o. DATE REC'D. B	Y REGISTRAR 25b.	REGISTRAR'S S	GNATURE
30M 7/73		SINGLET	ON FUNI	ERAL F	HOME, G	LEN B	TRNIE	MAY1	19/9		

16 181-81 A Thank and the of the first of the second MAL THE FEET SHIPS 2011/8 The comment of the continue of the state of the state of Taget Carrier, break and the contract of the c (alla) renault. I entended and Bytta-17-512-In the this down to while the a complete the transmitted as Some Chief a company of the same of the same of the the freshout township I am "av 15, 1571 barkens (Nasharr Collaborate France The same of the same of the same of the same of the same of

executed within 24 hours after DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 death certificate be TTENDING PHYSICIAN: The law etained by the hospital or attending physician. TO HOSPITAL

DHMH-16 20M (VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-			0	7	9	0
7	q	_	1	11	1	3	0
	-		9	V		-	_

N	FOR STATE REGISTRA	A.R		OLI AR		ICATE OF DEATH	REG. N	79	-101	30
	1. DECEASED NA	ME FIRST		WIDOLE	ī	AST	20 DATE OF DEATH		AY YEAR	2b. HOUR
1	(TYPE OR PRINT)	HELEN		ANN	VA	SICEK		5 10	79	
-11	3 SEX		4 RACE		5. DATE C		& AGE (IN YEARS LAST BE		F UNDER 1 YEAR	IF UNDER 2
	FEMAI	LE	WH	ITE	Nov	ember12,19	58	YRS	ONTHS DAYS	HOURS
51	78. BIRTHPLACE COUNTRY) T777	STATE OR FOREIGN	7 CITIZEN OF	WHAT COUNTR	Y? 8.	DEVER MARRIED	Anne An	OR COUNTY		ty
00	18 CITY OR TOW			HOSPITAL, NURS	SING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Homemake)	OF WORKING LIFE	12h KIND OF INDUSTRY	BUSINE
most per		CE (IF NURSING HOME O	NTY	Brook	ORE ADMISSION)	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 5708 Rec	dmond	Stree	t
exominer	14 FATHER'S NA.		WIDDLE	Jiricel	ζ.	15 MOTHER'S MAIDEN NO.	WE		LAST	
0 /		SED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	PESS		
E	(YES, NO OR UNI		TE WAR UR DAIES)	322 12	2 2238	Rostislav	J. Vasice	ek sa	ame as	13
		e to immediate	A DUE TO O	DAS A CONSTR	WENCE OF	7	ROSIS		1	7
ony injury, or other t	underlyin	o), stating the g couse last.	conditions c	ANV.	ODEATH BUT	NOT, RELATED TO THE TER/		20b. IF YES,	WERE FINDING	GS USED
1 18 shaws any injury, ar other t	PART 2 O PART 2 O 19a DATE C	ol, stating the g couse lost. THER SIGNIFICANT	COOLDITIONS COND	ONTRIBUTING TO	ODEATH BUT	w.	AINAL DISEASE OR CON 200 AUTOPSY? YES NO	200. IF YES, IN CERTIFY YES	WERE FINDING	GS USED
rked or them 18 shaws any injury, ar other t	PART 2 O PAR	THER SIGNIFICANT THER SIGNIFICANT OF OPERATION INT WAS UNDERLYING UNITING CAUSE OF DE INTING CAUSE OF	196 COND 196 COND 196 COND 196 COND 197 COND 198 CO	ONTRIBUTING TO	ODEATH BUT MUTU CH OPERATIO DAY YEAR 19	N WAS PERFORMED	AINAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES JRY IN ITEM 18, PA	WERE FINDING	GS USED OF DEATH
IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any injury, ar other t	PART 2 O PART 2 O 19a DATE C 21a. ACCIDE OR CONTRIB (IF EITHER IN WHILE AT WORK THE SIGN THE SIGN	THER SIGNIFICANT THER SIGNIFICANT OF OPERATION INT WAS UNDERLYING UITING CAUSE OF DE INTITY MEDICAL EXAMINER Y OCCURRED NOT WHILE AT WORK	196 CONDITIONS CONDITI	ONTRIBUTING TO A NOTION FOR WHICE INJURY M. OF INJURY	DAY YEAR 19	N WAS PERFORMED 21c HOW INJURY OCCUI	200 AUTOPSY? YES NO CITY OR TO 10 depth occurred on the company of the company	200. IF YES, IN CERTIFY YES URY IN ITEM 18, PA	WERE FINDING CAUSES (GS USED DF DEATH NO STA

MAY 1 5 1979

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	-	-	0	7	35	9	

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	9-10	DST	
1 DECEASED NAME FIR	ST M	DDLE	L	AST		MONTH	DAY YEAR	26 HOUR	
ROS	SE EI	MILY		WALL	MAY	30,	1979	2:50 m	
3. SEX female	* RACE		Jul	y 25° 1903	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN	
70. BIRTHPLACE STATE OR FOREIGN		HAT COUNTRY?		D NEVER MARRIED DE DE DIVORCED	9 BALTIMORE CITY O	R COUNT			
10 CITY OR TOWN OF DEATH GLEN BURNIE	11. NAME OF HE	ARUNDEL		SPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) GIFT Wrap. 120. KIND OF BUSINESS OF WORKING LIFE) INDUSTRY Dept. St.				
USUAL RESIDENCE (IF NURSING H 130. STATE MD	OME OR OTHER INSTITUTION, COUNTY	GIEN BU	omission)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 406 Ve	rnon	Ct.		
Charles	MIDDLE A	llingtor	1	15. MOTHER'S MAIDEN NAME EMILY	WIDDIE		Bur		
(YES, NO OR NOWN)	S. ARMED FORCES?	214/46/		17 INFORMANT 4 Mrs. Jean			e as laughte		
18 CAUSE OF DEATH IER PART I. DEATH WAS C	nter anly one couse per l AUSED BY: AEDIATE CAUSE (a)	ine far (a), (b), and g	20	avresT			1.	CMATE INTERVAL ONSET AND DEATH	
Conditions, if any, whi	ich ((b) 1	AS A CONSEQUEN	Ste	non's T	CHE		Yes	us	
PART 2 OTHER SIGNIFIC	(c)	AS A CONSEQUEN CALLE NTRIBUTING TO DE	uá.	Tion of Aas	INAL DISEASE OR CON	DITION G	IVEN IN PART 110	us a)	
190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES		
OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M	MONTH DAY	YEAR 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18,	, PART 1 OR PART 2)		
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME, STRE	F INJURY ET, FACTORY, OFFICE, FAR	M, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	-/19 -	19 7	/>o , or	nd that in (my (aur) opinion o	ta <u>5</u> 3 death occurred an the d	ate and ho	, 19 <u>79</u> , our and from the	that (I) (we) ast	
SIGNATOR	afel	wate	5/		MEDICAL STA	IAN [0/3	SIGNED	
	SCHWARTZ			325 HOSPIT	AL DRIVE	ND 2	TE 201		
23a BURIAL, CREMATION, REM	OVAL 236 DATE May 30			emetery or crematory urity Proces	23d LOCATION SS Catons	ville	e, Bali	t. MD	

BP. DHMH - 16 50M 7/77

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

24 FUNERAL DIRECTOR (VRA 15 (4))

FOR

Singleton Funeral Home, Glen Burnie, MD 1979

02701-87

203E EMILY LALL 1979 7:55

England Sheland of Section Country

GLEN BURNIE - WORTH APUNDEL HOSPITY - CEES BERG. - LEGE. BE.

Charles Bilington Emily Surron

Maccoccocc 214/46/1514 Mrs. Jennik. Colvin (dandmist)

DAVID A. SCHWARTZ, M.O. BEEN BRENTE, TRIVENE STAGE

Cresation Fav 30, 1979 Security Process Catomaville, 931

Singleton Fungral Nome, Clen Swinter Wall 1919

To an all of the state of the version of.

female white office took as took

within 24 hours executed deoth certificate be requires that the ATTENDING PHYSICIAN. The law retained by the hospital or attending physician.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	-	1	0	7	4	0
-	U			V			0

		FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL HYC ICATE OF DEATH	GIENE REG. P	79-1	074
1	1. DEC	EASED NAME OR PRINT)	EMMA		RISTINA		IARE	2a DATE OF DEATH	MONTH DAY YEAR AY 15 1979	25. HG
	3 SEX	emale THPLACE (STATEOR		RACE	WHAT COUNTRY?	S. DATE C		6. AGE (IN YEARS LAST BI	O YRS. MCMITHS DA	rs HOURS
35	co	Paryland	1	U.	S.A.	MARRIE	DIVORCED D		OR COUNTY OF DEATH ARUNDEL	
54	GL	EN BURN	IE	NORTH	HOSPITAL, NURSIN	ADDRESS OS	PITAL	(TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUST	OF BUSIN
35	130 51	70.	13b COUN	TY A.	GIVE RESIDENCE BEFORE 131. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 586 Sc	ixth St.	
0,00	14 FA1	GEORGE	M	IDDLE	chil		is mother's maiden NA	ME MIDDLE	Schae	LAST CFA C
1		AS DECEASED EVE	R IN U.S. ARA		213-05	1811Y NO.	Mrs. Andres	Rassma	RESS	
N.		gove rise to in couse (a), stat underlying caus	ting the	DUE TO, OI	R AS A CONSEQUE					
				ONDITIONS <u>CC</u>			NOT RELATED TO THE TERM			VI of
2		19a DATE OF OPER	ATION	196 CONDI	TION FOR WHICH		N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [DINGS US ES OF DE/ NO
29	CERTIFICATION		ATION INDERLYING [196 CONDI	TION FOR WHICH FINJURY M. MONTH DA	OPERATIO		20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [DINGS US ES OF DE/ NO
29	EDICAL CERTIFICATION	190 DATE OF OPER 21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d INJURY OCCU	INDERLYING CAUSE OF DEAT	196 CONDITIONS CO	FINJURY M. MONTH D.	OPERATION AY YEAR 19	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES URY IN ITEM 18, PART 1 OR PART 2	DINGS US ES OF DE/ NO
29	MEDICAL CERTIFICATION	21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d INJURY OCCU WHITE AT WORK 22a.1 certify that (INDERLYING CAUSE OF DEAT CAUSE OF DEAT CALEXAMINER) IRRED WHITE CAUSE WHITE CAUS	21b TIME O HOUR A. 21e PLACE (TATHOME, STR	FINJURY M. MONTH D, M. OF INJURY EET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 CARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCUR	280 AUTOPSY? YES NOTICE OF INJ	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES URY IN ITEM 18, PART 1 OR PART :	DINGS US ES OF DE/ NO
7	MEDICAL CERTIFICATION	21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTHEY MED 21d. INJURY OCCU WHILE AT WORK 22a.1 certify that (INDERLYING CAUSE OF DEAT CAUSE OF DEAT CALEXAMINER) IRRED WHITE	196 CONDITIONS CONDITI	FINJURY M. MONTH D, M. OF INJURY EET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 FARM, ETC.)	21c. HOW INJURY OCCUR 21f. LOCATION STREET d that in the (our) opinion PEGREE ATTENDING PHYSICIAN	280 AUTOPSY? YES NOTICE OF INJ	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES URY IN ITEM 18, PART 1 OR PART :	DINGS US ES OF DE/ NO
29	MEDICAL CERTIFICATION	21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTHEY MED 21d. INJURY OCCU WHILE AT WORK 22a.1 certify that (INDERLYING CAUSE OF DEAT CAUSE OF DEAT CALEXAMINER) IRRED WHITE CAUSE WHITE CAUS	196 CONDITIONS CONDITI	TION FOR WHICH FINJURY M. MONTH D. M. OF INJURY EET, FACTORY, OFFICE, F e deceosed from 19 ofter death.	OPERATIO AY YEAR 19 ARM, ETC.)	216. HOW INJURY OCCUR 216. LOCATION STREET d that in the Lour opinion	200. AUTOPSY? YES NOTE NATURE OF INJURE CITY OR TO death occurred on the of	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES URY IN ITEM 18, PART 1 OR PART :	DINGS US ES OF DE/ NO

remove carban paper

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ľ	- STATE REGISTRAR	191			CERTIF	ICATE O	F DEATH		REG.	NO.	79-	10	14	1
	ECEASED NAME	FIRST		MIDDLE	ī	LAST		20 DAT	OF DEATH	MONTH	DAY Y	'E AR	26. HOU	R DS'
		JOHN	N	ILTON	1	WEAVE	R . SR.		MAY 3	, 1979	9		3:1	5P M
3. S	EX		RACE		5. DATE C	OF BIRTH		6 AGE	IN YEARS LAST	BIRTHDAY)	IF UNDER		IF UNDER	
	MALE	-61	WHI	TE	JUN		1892	86	5	YRS		DAY5	HOURS	MIN
7a.	BIRTHPLACE (STATE OR COUNTRY)	FOREIGN 7	. CITIZEN OF	WHAT COUNTRY?	8.	- D NEW	R MARRIED	9 BALTI	MORE CITY			\TH		
N	ARYLAND		U.S.	Α.	WIDOWE		DIVORCED [AN	INE AR	UNDEL	COUNT	ĽΥ		MD
10	CITY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		OR OTHER I	NSTITUTION		AL OCCUPA			-	F BUSINE	SS OR
	GLEN BURN	IIE		ARUNDEL		ITAL		BO1	LER	MAKE			R.R.	
130	UAL RESIDENCE (IF NUI STATE IARYLAND	13b COUN	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION]	[13d. INSID	E CITY LIMITS?	13e. STRE 1 05	ET ADDRES	s MAR F	ROAD			
14.1	FATHER'S NAME FIRST	M	IDDLE	LAST		15 MOTH	ER'S MAIDEN NA/	WE	MIDDLE			LAS	7	
4	AUGUST			WEAVER			CAROLIN	E	MODEL		2	ZIN		
160.	WAS DECEASED EVE		NED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFOR	MANT					as	# .	100
١,	NO		/A	705/07/	6478	MR.	ROBERT	A.	WEAV	ER (S	SON)		13	}
	Conditions, if one gove rise to im couse (a), state underlying cous	nmediate ing the	DUE TO, O	R AS A CONSEQUE	NCE OF	mpl	ly (en	-	O UF	DISE	ASE			
TION		BB	EVIL	ONTRIBUTING TO D	- 1	fre	Devi	ial	on	, D.	SIVEN IN PA	Sect	Lynn	
CERTIFICATION	196 DATE OF OPER	ATION	IVE COND	IIION FOR WHICH	OPERATIO	- WAS PER	FORMED	YES [UTOPSY?		TIFYING CA			H?
_	21g. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT	n	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW	/ INJURY OCCURR	RED (ENTE	R NATURE OF IN	I METI MI YRUGI	8, PART 1 OR PA	ART 2]		
MEDICAL	21d. INJURY OCCUP	WHILE [21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCA STRI			CITY OR I	NWO	COUN	TY .	57.	ATE
	22s.1 certify that (I saw the decea above, (I) (we)	sed alive on	5	(19/9)	, 01	nd that in (r	ny) (our) opinion o	, to death acc	orred on the	dote and h		/	that (I) (v couses sta	,
	27b. SIGNATURE	Later	ann		1	DEGREE	ATTENDING PHYSICIAN	MEDIC	AL SI OR PHY	TAFF SICIAN []	226	SAIE.	SIGNED	29
	22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e ADDI	205 B.	ALTI	10RE A	NNAPO	LIS BI	LVD		1.
	SWADESH	K. BHA	TIANI,	M.D.			CT EXT				D 210			

BP.

DHMH-16 20M (VRA 15, 4) 7/7B

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 234. DATE 23t. NAME OF CEMETERY OR CREMATORY

BITRNIE, MARYLAND
23d. LOCATION
CITY OR TOWN BALTIMORE

CITY

STATE MD.

TOUR HOME, SIGNATURE OF THE FUNERAL HOME, SIGNATURE BURNIE, MDWAY 8 1979 Fifty Meliusky 24 FUNERAL DIRECTOR

	9	
	ç	
	deo	
	9	
	9	
	270	
	5	
	24	
	2	
	3	
	0	
	C C	
	×	
	9	
	9	
	001	
	-	
	5	
	eo	
	P	
	=	
	hat	
	S	
	213	
	9	
	3	
	e c	
	F 00	
	Z S	
	0	
	YSI	
	PH	
	0 5	
,	ā ö	
	A P	
	ATT	
	Pod	
	Lo	
	IT A	
	SP P	
	HO	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Porelained by the haspital or attending physician.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, an other traumatic event, the medical examiner must be notified at ance.

of once.

FOR

STATE OF MARYLAND

10712

1	- STATE REGISTRAR	DEPARI	CERTIFICATE OF		REG. NO.	- 1017	6
	E CEASED NAM DANNE OR PRINT)	EL PACIET	S Wei	KeRf 100	ATE OF DEATH MONTH	DAY YEAR 18 79	26. HOUR 4 43. M
3. SE	male	1 RACE	5. DATE OF BIRTH MONTH DAY	YEAR	E (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER	MARRIED 9 BAI	LTIMORE CITY OR COUNTY		/ MD
4	ITY OR TOWN OF DEATH	ANDC. A RUME AND COMPACTION OF THE STREET	Ladoress) Senera	STITUTION TO U	SUAL OCCUPATION OF WORKING POPEN REPORT OF WORKING		PUCTOR
13a	md. 136 cqui	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	VN 13d. INSIDE (NOW 4	373 So	LOMOL	s Is. R
	ATHER'S NAME PIRST	F WEIKE	et St.	S MAIDEN NAME FIRST ELEL	WIOOFE	SEF	PS
	WAS DECEASED EVER IN U.S. AR (YES, NO OF UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES) 218 42	9389 LYLI	E.C. WE	IKERT #		
	PART I. DEATH WAS CAUSE	inly ane cause per line for (a), (b), at ED BY: ITE CAUSE (a)	ur Ane	of -		APPRO: BETWEEN	XIMATE INTERVAL LONSET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSEOU	curdit	· -		19	75
	couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQU	ENCE OF				
NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	D TO THE TERMINAL D	ISEASE OR CONDITION	GIVEN IN PART 1	(a
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFO	ORMED 200 YES	IN CEI	YES, WERE FIND RTIFYING CAUSE YES [
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		AY YEAR	VJURY OCCURRED (EI	NTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATI	ON	CITY OR TOWN	COUNTY	STATE
	sow the deceased alive on above, (I) (ye) (did) (did pe	oital) attended the deceased fram. 19 19 19 19 10 view We body after death.	79_, and that in (my) (agr) opinian death o	occurred on the date and		that (i) (we) last causes stoted
	22b. SIGNATURE	& Bontrue	COMP	PHYSICIAN DIRE	DICAL STAFF CTOR PHYSICIAN	22c. DATE	19h9
	RODNEY L	BeinHALL	FORE	St DR.	ANDAY	odis	MD.
7	BURIAL CREMATION REMOVAL	5/21/79	OF CENTERY OR) 1	LOCATION CLY OR TOWN	AA	MD.
2416	UNEAR DIRECTOR	//////		250. DATE REC'E	BY REGISTRAR 256 REG	ISTRAR'S SIGNA	TURE

MAY 2 4 1979

John M. Ty K. How Courson ma

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

5/10/12 Day of Freeze Western CONTRACTOR CONTRACTOR SHOWS SHOW THE CONTRACTOR Hall suggested & Harris Dates out I had Jan Wall F WEIKER ST HELFELL SEARS VES LANGE CHERT #13 and the same of th THE REMARKS TO THE POST OF THE PARTY OF ON GO ONZHALL OUZ THE TATE OF THE The Man Sol Chin Son here

ATTENDING PHYSICIAN: The low attending physician.

retained by the hospital or

BP

TO HOSPITAL

F-39	et B
ιπ	581
Ç#	9.1
ъ.	-64
16	>
	0
	_
	4
-	G
	0
	-
	主
	e
	0
	40
	1/2
	2
	ho
	4
	2
	=
	¥:¥
	P
	cuted
	O
	a x
	0
	۵
	e e
	200
	4
	T.
	Ü
	÷
	e a
	O
	e e
	-
	hot
	-
	63

IO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 inhuld be director, page 3 inhuld be filled within 72 hours ofter death with the State Central Member 1 inhuld be filled within 72 hours ofter death with the State Central Member 1 inhuld Member 2 inhuld member 2 inhuld member 3 inhuld me

WEDRIANT I Think 21 which dor from 18 shows ony injury, or other troumotic event, the medical examiner

must be notified at once.

STATE OF MARYLAND FOR 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10743

DEEC ASED NAME 1983	4		REGISTRAR		CERTIFICATE OF DEATH REG. NO.										
1. SEX S. PARCE S. DAR OF BRYN S. DAR FOR		I DEC	CEASED NAME	FIRST	1	MIDDLE	1	LAST		20. DATE OF DEA	TH MONTH	DAY	YEAR	26 HOUR	05
Female Black May 6 \$0.903 **** 76 May 76 \$0.000 Mar 1 \$0.000 Mar 1		, , , , ,	Ver	della	2 7		wit	rite.	1-17		05	12	79	7000	M
THE BRITHER SINGLA FOREIGN BRITHER SINGLA FOREIGN DECIDED IN WATER COUNTRY MARRIED NEVER MARRIED NOT RELATED TO THE TERMINAL DISEASE OR COUNTRY OF BATH MARRIED NOT RELATED TO THE TERMINAL DISEASE OR COUNTRY OF BATH MARRIED NOT RELATED TO THE TERMINAL DISEASE OR COUNTRY OF BATH MARRIED NOT RELATED TO THE TERMINAL DISEASE OR COUNTRY OF BATH MARRIED NOT RELATED TO THE TERMINAL DISEASE OR COUNTRY OF BATH MARRIED NOT RELATED TO THE TERMINAL DISEASE OR COUNTRY OF BATH MARRIED NOT RELATED TO THE TERMINAL DISEASE OR COUNTRY OF BATH MARRIED NAME MARRIED N		3 SEX		4	RACE					6 AGE (IN YEARS LA	ST BIRTHDAY)				
The Country			Female		Blac	IC	May	6 1903	YEAR	76 8	YR		DAYS	HOURS MIN	
IN CHILD OF HOSPITAL NURSING HOME OF OTHER INSTITUTION ID CHOOSE OF HOSPITAL NURSING HOME OF OTHER INSTITUTION ID CHOOSE OF HOSPITAL NURSING HOME OF OTHER INSTITUTION ID CHOOSE OF HOSPITAL NURSING HOME OF OTHER INSTITUTION ID CHOOSE OF HOSPITAL NURSING HOME OF OTHER INSTITUTION ID CHOOSE OF HOSPITAL NURSING HOME OF OTHER INSTITUTION ID CHOOSE OF HOSPITAL NURSING HOME OF HOME OF HOSPITAL NURSING HOME OF H				REIGN 7	L CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MAD	DIED [9 BALTIMORE CI			ATH		
10 CHY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12. USUAL OCCUPATION 12. WIND OF BUSINESS OR INDUSTRY 12. WIND HOME AUGUSTON 12.	5			No.	U.S.A	١.				Anne	Arun	ide	1	,	AD.
USUAL RESIDENCE (# PRASH POSTULE AND A SEMENTAL CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONTRIBUTION OF SOMEWHALD COME CONTRIBUTION OF SOMEWHALD CONTRIBUTION OF SOM		10 CI	TY OR TOWN OF DEA	TH 1							JPATION	12b.		BUSINESS	R
136 STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS 136 STREET ADDRESS 136 STATE 137 136 STREET ADDRESS 137 STREET ADDRESS 138	Ž	4	mapofis	5 /	ANNE F	PRUNDEL (-	CAL HOS	PITAL	- WORK FOR M	1031 OF WORKING	STILE) LIND	USIKI		
NARYIMD A.A. SEVERNA PARK VES NO P.O. BOX 4006 Rt. 14 FATHER'S NAME INCOME		USUA 13e S	L RESIDENCE (IF NURSI	NG HOME OR C	OTHER INSTITUTION,			1134 INSIDECITY	LIAAITS2	12a STREET ADDR	FCC			1.7	_
IS FATHER'S NAME ISSILLA MODIE ISSILLA MODIE ISSILLA MODIE ISSILLA MODIE STELLA MODIE STELLA MODIE PACK STELLA MODIE STELLA MODIE PACK STELLA MODIE PACK STELLA MODIE STELLA MODIE PACK MODIE PACK STELLA MODIE PACK MODIE PACK MODIE PACK MODIE MODI	0	MA				and retired discourse in an a						+. 7			
TSTAH PACK STELLA PACK STELLA PACK STELLA ADDRESS SEVETTA PK, Md. 218-16-3030 ORBSSA MORROW Rt. 1 P.O. BOX 406 17 INFORMANT ORBSSA MORROW Rt. 1 P.O. BOX 406 ORBSSA		14. FA		M	IDDLE	TZAL				AE .			13.57		
THE NOTION OF UNEXUMN IN THE COUNTY OF COUNTY	22							STI	ELLA	MID	DIE	PA			
THE CAUSE OF DEATH Enter only one couse per lineary 10), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OB Conditions, if ony, which gove rise to immediate couse oil, storing the underlying couse lost: (c) DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED THE DATE OF OPERATION 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED THE DATE OF OPERATION 197 ACCORDENIANS USED POLITICAL SEAMONS) PM. 197 THE NUMBER WHO CAUSE OF DEATH PM. 197 THE NUMBER WORK ASSAMMEN 198 THE NOW INJURY OCCURRED (ENTER NATURE OF PRIJURY IN TERM IR, PART 1 OR PART 2) 198 THE CAUSE OF DEATH PM. 198 THE CONTRIBUTION OF THE PRIPURY OF THE PRIPU	-	160 W	AS DECEASED EVER I			166 SOCIAL SECU	RITY NO.	17 INFORMANT	mile.	A	DDRESS S	evern	a Pk	. Ма.	
PART LO BATH WAS CAUSED BY. IMMEDIATE CAUSE 10] DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse 103, stoting the underlying couse lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10: 100 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10: 101 102 103 104 105 105 106 107 107 107 107 108 107 108 107 108 108			NO			218-16-30	030	ORESSA N	10RROW	Rt. 1 P		0		, ,,,,,,,,	
Conditions, if ony, which gove rise to immediate course or shoring the mediate course or shoring the design of the immediate course or shoring the power lise to immediate power lise to immediate course of the process of the power lise to immediate the power lise to immediate power lise to power lise to immediate power lise to power list power list to the power list power			18 CAUSE OF DEATH	1 (Enter only	one couse per	line for (01, (b1, one	diet.	. 1	- /	1		8	APPROXIM	NATE INTERVAL	
Conditions, if only, which gover rise to immediate course 103 storing the underlying course 103 minumediate course 103 storing the underlying course 1031. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1103. 199 DATE OF OPERATION 199 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES	q					12-85/11	rat	m Itr	relle		Buryant	1	nun	re VV	
Conditions, if only, which gover rise to immediate course 103 storing the underlying course 103 minumediate course 103 storing the underlying course 1031. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1103. 199 DATE OF OPERATION 199 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES			1339		DUE TO, OI	R AS A CONSEQUE	FICE OF	0	17	-1.	,		10	111-	
DUTY PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS COUNTRY DISEASE OF CONDITIONS GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS COUNTRY STATE PART 2 OTHER SIGNIFICANT CONDITIONS COUNTRY STATE PART 2 OTHER SIGNIFICANT CONDITIONS COUNTRY STATE PART 2 OTHER SIGNIFICANT CONDITIONS COUNTRY STATE PART 2 OTHER SIGNIFICANT CONDITIONS COUNTRY STATE PART 2 OTHER SIGNIFICANT COUNTRY COUNTRY STATE PART 2 OTHER SIGNIFICANT COUNTRY COUNTRY STATE PART 2 OTHER SIGNIFICANT COUNTRY COUNTRY COUNTRY STATE PART 2 OTHER SIGNIFICANT COUNTRY COUNTRY COUNTRY STATE ON THE TERMINAL COUNTRY COUNTRY STATE OR COUNTRY STATE OR COUNTRY STATE OR COUNTRY STATE OR COUNTRY COUNT					(b)_	Metast	ac	(119	Pho	COIN	7	-6	le.	1911	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 700. AUTOPSY? 700. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES YES NO YES	ı		couse (o), stating	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF	-							
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1706 AUTOPSY? 1780. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES YE			underlying couse	lost.	(c)										
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P. M. 19 21d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY STATE THE DEGREE 230- BURIAL, CREMATION, REMOVAL 230- DATE 231- CARPENTER HILL CEME 231- CARPENTER HILL CEME ROUND 232- DATE REC'D. BY REGISTRAR' 250- DEGISTRAR' 250- DEGI	1	z	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR	CONDITION	GIVEN IN P	ART 10	1	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P. M. 19 21d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY STATE THE DEGREE 230- BURIAL, CREMATION, REMOVAL 230- DATE 231- CARPENTER HILL CEME 231- CARPENTER HILL CEME ROUND 232- DATE REC'D. BY REGISTRAR' 250- DEGISTRAR' 250- DEGI	_	IIO	A DAYS OF ODERAY	10.11	Tin cours	7.0.1.5.0.1.4.4.6.1					les e	WES 14/505			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P. M. 19 21d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY STATE THE DEGREE 230- BURIAL, CREMATION, REMOVAL 230- DATE 231- CARPENTER HILL CEME 231- CARPENTER HILL CEME ROUND 232- DATE REC'D. BY REGISTRAR' 250- DEGISTRAR' 250- DEGI	7	FICA	140 DATE OF OPERAL	ION	196 CONDI	HON FOR WHICH	OPERATIO	N WAS PERFORME	ED	70a AUTOPSY?					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P. M. 19 21d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY STATE THE DEGREE 230- BURIAL, CREMATION, REMOVAL 230- DATE 231- CARPENTER HILL CEME 231- CARPENTER HILL CEME ROUND 232- DATE REC'D. BY REGISTRAR' 250- DEGISTRAR' 250- DEGI		ERTI	21- ACCIDENT WAS UNDE	ERIVING 🗇	21h TIME O	E INTILIDY		1214 HOW INLINE	VOCCURR	-		beend		NO 🗆	_
The Licertify than it in this hospital strended the decessed from 19 to the date and hour and from the course stated of the course stat	F		OR CONTRIBUTING CA	AUSE OF DEATH	1.00.10			71t. 110 W 11430R	TOCCURRE	ED (ENTER NATURE O	F INJURY IN ITEM I	18, PART I ORF	PART 2)		
The Licertify than it in this hospital strended the decessed from 19 to the date and hour and from the course stated of the course stat	ì	DIC.					19	211 LOCATION							_
278 T certify that (I) this hospital strended the decessed from 19 to the flower that (I) (we) last sow the document time of the document that (I) (we) last sow the document time of the document that (I) (we) last sow the document time of the document that (I) (we) last sow the document time of the doc	7	ME	WHILE I'T NOT WHO	0.73	(AT HOME, STR	EET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET		CITY	OR TOWN	cour	NTY	STATE	
SOW 11/2 SECOND TO STAFF THE STAFF T		37			di attracelari the	a decision of females	MAA	trut.	197	7. MA	412	117	4	1000	-
230 BURIAL, CREMATION, REMOVAL 236 DATE 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN 236 BURIAL, CREMATION, REMOVAL 236 DATE 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN CITY OR TOWN COUNTY STATE BURIAL 5-17-79 CARPENTER HILL CEME ROUND BAY Marry 2nd 24 FUNERAL DIRECTOR ADDRESS AND ADDRESS ADD							17	d that in (my) (our	opinial de	eath accurred on t	dote and I	nour and fr	om the s	gusins shoted	
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	H		27h SIGNATURE	di (d-d not)	friew the body	affer death	1/	-							-
230 BURIAL, CREMATION, REMOVAL 236 DATE 23C NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BURIAL 5-17-79 CARPENTER HILL CEME ROUND BAY MARY 201 24 FUNERAL DIRECTOR NAME ADDRESS AND ADDRESS AD	u		Hoten	00 (Wal	WIN /1	0-911	11111	NDING A	MEDICAL TO BE	STAFF	1/2	Mites	1/1/1/	7
SPECIFY BURIAL 5-17-79 CARPENTER HILL CEME Round Bay Maryland 24 FUNERAL DIRECTOR ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S BURIAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS AND ADDRESS	5		724 HYSICIAN'S NA	ME ITHE OF	HIHATI	100/01	Low	And the second second	A	DIRECTOR L.) PA	Darwin LT	V	47	10.11	-
SPECIFY BURIAL 5-17-79 CARPENTER HILL CEME Round Bay Maryland 24 FUNERAL DIRECTOR ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S BURIAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS AND ADDRESS		1	/			/			/				1		
SPECIFY BURIAL 5-17-79 CARPENTER HILL CEME Round Bay Maryland 24 FUNERAL DIRECTOR ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S BURIAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, Md. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS, MD. 250 DATE REC'D. BY REGISTRAR'S GONATURE ADDRESS ANNAPOLIS AND ADDRESS	13	230 B	URIAL, CREMATION, R	REMOVAL	23b DATE	[23c. N	AME OF C	EMETERY OR CREA	MATORY	123d. LOCATION					=
24 FUNERAL DIRECTOR ADDRESS ANNAPOLIS, Md. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE		15	PECIFY)							CITY OR TOWN	4		_	STATE	
NAME ADDRESS -			NERAL DIRECTOR		1-1-1	A					RAR 256. 86G	ISTRAR'S \$	GNATU		_
		WI		E & S	ONS MOR	ADDRESS	-		MAY	15 1979	ter	try	retre	ody	

DHMH - 16 50M 7/77 (VR A 15 (4))

_
BALTIMORE, MARYLAND 21201
_
-
-
0.00
0
U
-
-
4
-
Ann
-
-4
1
- T
B
8.
Stone
CK.
GK.
9
PRESTON ST.,
P. PR
W. PR
W. PR
W. PR
W. PR
I W. PR
31 W. PR
101 W. PR
201 W. PR
201 W.
DIVISION OF VITAL RECORDS, 201 W. PR
201 W.
201 W.
201 W.
201 W.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Paretained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the funeral directions should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 how with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is morked or them 18 shows any rijury, or other troumatic event, the medical examiner must be natified at ance.	3 6 3
--	---	--	--	-------

BP_ DHMH - 16 50M 7/77 (VR A 15 (4))

	It	em 3 g531 5/21/	79 gj		STAT	E OF MARYLAND						
	11-	FOR STATE		DEP		EALTH AND MENTAL	HYGIEN	E 7	9-107	44		
		REGISTRAR	250			ICATE OF DEATH		REG. NO			DST	
	I. DEC	CEASED NAME FIRST		MIDDLE		AST	20	. DAIL OF DEATH			26 HOUR	
0.00		ESTE		G.	WIEST			MAY	10, 197	79	635	PM
1	3. SEX	X Female	4. RACE		5. DATE (6.	AGE JIM YEARS LAST BIRT	HDAY) IF UNDER	CIAYS	IF UNDER 24	HRS
	To DI	DIMPLACE CLUB CONTROL	76 CITIZEN OF V	ite	Jan.	25, 1912		67	YRS.	ATM		
6	70. BI	RTHPLACE (STATE OR FOREIGN DUNTRY) Maryland		S.A.	MARRIE	D NEVER MARRIED DIVORCED		ANNE ARI		AIH		MD.
7		EN BURNIE	NORTH	ARUN		SPITAL		USUAL OCCUPATE YPE OF WORK FOR MOST O HOUSEWIFE	F WORKING LIFE) IND	KIND OI USTRY	BUSINES	5 OR
A	13a S	AL RESIDENCE IF NURSING HOME OF STATE 136 COURT Anne		13c CITY OR		13d INSIDE CITY LIMITS	S? 13e	street ADDRESS #32 Old Ar	Severna	Pk.	Md.21	. 146
40		THER'S NAME	Armider	pever	na ra.	YES NO IN NO IN		# 32 Old Al	maporis	noau		
24			MIDDLE	Comb		FIRST		MIDDLE	Carr	dock		
7	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?		SECURITY NO.	Antonie		ADDRE	SS Severna			
1			E WAR OR DATES)		7-9813	Alfreda Sa			ward Dr.		146	
		18 CAUSE OF DEATH (Enter or	nly ane cause per							APPROXIA	MATE INTER	HIA
1	-3	PART I. DEATH WAS CAUSED BY RESPIRATORY Failure							2 00	11mm	5	
d		DUE TO, OR AS A CONSEQUENCE OF						-		1		
	100	Conditions, if ony, which gove rise to immediate cause 10: stating the underlying cause lost						2	5 m	two	tes	
j												
			(IC)	DA LET DID LET DE LE	TO DEATH BUT	NOT BELLETED TO THE	7500000		2/7/04/10/1/5/10/10	107.1		
	Z	PART 2 OTHER SIGNIFICANT	-040111042 <u>CC</u>	DUTKIROTING	NO DEATH BUT	NOT RELATED TO THE T	IERMINA	IL DISEASE OR CON	DITION GIVEN IN P	'ARI IIa	1	
0	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?	206. IF YES, WERE	FINDIN	GS USED	
1	TIFK							YES NO	IN CERTIFYING C	AUSES	NO [?
7	CER	210. ACCIDENT WAS UNDERLYING			DAY YEAR	21c. HOW INJURY OC	CURRED	(ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR I	PART 2)		
	CAL	OR CONTRIBUTING CAUSE OF DE	P./		19							
H	MEDICAL	21d INJURY OCCURRED	21e PLACE (FFICE, FARM, ETC.)	21f. LOCATION STREET		City OR TOW	n coul	VIY	STAT	E
	~	AT WORK AT WORK							c 70			
9		220 1 certify that (1) this hosp	tol) ottended the	e deceased fr		nd that in (my) (aur) apin	inian dans	, to May	19		hor (I) (we	,
		sow the deceased alive on abave (II)(we) (did) (did no	view the body	after death		DEGREE	mon dedi	th occurred on the do		. DATE S		.0
		Suns	> 2L	5	Lower		NG DE	AEDICAL STAF		-/11	1>9	7
, .		20. PHY SICIAN'S NAME (TYPE O	RPRINT)			22e ADDRESS				1		
	-	JAMES G.			7 lb	1.72	CHIE		NOLD, MD). 2	1012	>
	23a B	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATO		23d. LOCATION CITY OR TOWN	COUNTY		STATE	
	24 FI	Burial	May 14	1979	Meadow	ridge Memor:		Dorsey C'D. BY REGISTRAR		aryl		
1		NAME	Tno	ADDRES TO ADDRES			. DATE KE	ACC 7.3	Existing/	Acc	ready	
N		Leonard J. Rucl	, Inc.	Dat CIM	ore, ma	ryrand	MAY	14-19/9	-		1	

manator, the	TE	W W	31;2\ (1) /2 /2
70	31 - 13	. Airt of Britain	of favor
AND ARUBDEL	2		line last
	11719	ON 150 UNA HT-904 1	E BINAUS FBLIQ
ME. D. C. Berryon Level attenued 500 NZ	l x	.ve anzeve. Velauda	photo innivital
		DANIES TO SEE	Jour Blieve
Alechani Alechani Bitti de Santonia (S		10-10-10-10-10-10-10-10-10-10-10-10-10-1	
THE RELEASE OF THE PARTY OF THE			
THAY ARIGED, ITS. STORY			.0 31K/U

requires that the death certificate

HO PITAL OR ATTENDING PHYSICIAN: The low them by the hospital or ottending physician.

TO HOSPITAL

notified at once.

TO FLINERAL DIRECTOR: After this certificate has been signed by the ottending physicial and completely lilling in by the transland be detached for use as the buriol-transit permit. Then please remave carbon pages. From early mountained most permit. Then please remave carbon pages. From early and Mental Hygiene prior to burial, cremation, or remaval.

WHORTANT: If hem 21 is marked or frem 18 shows any injury, or other traumatic event, the medical examiner must be notified a

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10745

١	FOR STATE REGISTRAR		IT OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	79-1 (7 4 5
	DÉCEASED NAME FIRST (TYPE OR PRINT) Cluren		Wilson	20 DATE OF DEATH MONTH	79 G 30 M
	3. SEX	4 RACE S.	DATE OF BIRTH 6 28 1906	72 YRS.	UNDER I YEAR IF UNDER A HRS
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) WASH D.C.		MARRIED NEVER MARRIED ONORCED		OFDEATH INDEL MO.
	AUN ADOL'S	11. NAME OF HOSPITAL, NURSING H	RESS)	129 USUAL OCCUPATION INTERIOR WORKING LIFE	
1	USUAL RESIDENCE (IF NURSING HOME O		YES NO	139 STREET ADGRESS LBY	Bhud.
1	CAREUCE FIRST EUCE	B. Wilson	15 MOTHER'S MAIDEN N	MIDDLE	JORDAN
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURITY E WAR OR DATES) 218 1631	17 DORIUE	Wihsov #	13
	PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), ond ic ED BY: TE CAUSE (o)	ideal Arre	st -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if ony, which gove rise to immediate cause (o) stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE	E OF DE TE	Inseuse.	lung Standig
		CONDITIONS CONTRIBUTING TO DEA		RMINAL DISEASE OR CONDITION GIVE	EN IN PART 1(a)
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
	OR CONTRIBUTION CAUSE OF DE		YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18, P)	ART I OR PART 2)
	OR CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive or	itol) oftended the deceased from 19 19 19 19 19 19 19 19 10 10	Z, and that in (my) (aur) opinio	n death occurred on the date and hour	
	226. SIGNATURE	8 Bontal	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	226. DATE SIGNED
	224- RHYSICIAN'S NAME (TYPE)	BeinHALL	FOREST D	e. Auvapolis	MD.
-	BURIAL OF AL	5/0/79 ST	OF CEMETERY OR CREMATORY	1234 LOCATION A	A. MS
	DRUM Jeyfut	Hos Centis	of Med. "M	AYET 01 11979 1 AR 13 14 15 19 19 19 19 19 19 19 19 19 19 19 19 19	my made and

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24101-6-10142 Carlotte Constitution of a security CONTRACTOR OF THE STATE OF THE

2>

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	_	1	0	7	4	6
	-						

254 REGISTRAR'S SIGNATURE

L		REGISTRAR		CERTIF	ICATE OF DEATH	REG N	0.		
		EASED NAME FIRST OR PRINT) Myethe	MIDDLE CO.	Yo	UN9		5 18	79	A M
-	SEX	F	W.	MONTH	27 1886	6. AGE (IN YEARS LAST BIR	THDAY) IF UN MONTH	Den I pan	IF UNDER 24 HRS HOURS MIN
1	СО	DUNTRY) MD.	US A	MARRIE	DIVORCED	HUNE CITY OF	HRU	NDI	EL MD.
		UNAPOLIS	NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	DUR	SING HOME	TOUSEU	ON IF WORKING LIFE) IN	TO HOLD	HE.
1	30 3	MD. 144	TER INSTITUTION CIVE RESIDENCE BEFO 13 CITY OR TO HAVAGE	wy -	13d INSIDE CITY LIMITS? YES NO V	136 STREET ADDRESS	EE D	2	
	3	EN AMIN MIDE	Cohhison	١	MARY	ELIZABA	E4H	Dav	is
		/AS DECE SED EVER IN U.S. ARMEI ES, NO OR UNKNOWN) [IF YES, GIVE WA	D FORCES? 166 SOCIAL SEC (R OR DATES)	CURITY NO.	D. IRVIN	Young:	# 13		
		18 CAUSE OF DEATH Enter only of PART I. DEATH WAS CAUSED B	Y. PEPER	RAL	HEMOREHA	YO E		APPROXIMA BETWEEN O	MATE INTERVAL DINSET AND DEATH
	Ì	Conditions, if any, which gave rise to immediate cause to stating the underlying cause last	DUE TO, OR AS A CONSEO	AL A	KIEROSCIE	ROS15		10 YA	es
1	NO	PART 2 OTHER SIGNIFICANT COM	VOITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	V PART 1 o	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO M	20b. IF YES, WE IN CERTIFYING YES		
	- 4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED {ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 C	OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.]	21f LOCATION STREET	CITY OR TO	VN CO	OUNTY	STATE
		220.1 certify that (1) (this hospital) saw the deceased alive an above (1) (we) (did) (did not) vi	24 MAR19		nd that in (m) (our) apinion	death accurred on the d			that (we) last causes stated
		MUAR	of Bear	57		MEDICAL STA	FF	22c DATE S	18-79
		DWARD	S. BEEK		FOREST	DR Au) WAD	shis	MD.
	B	ORIAL, CREMATION, REMOVAL	5/21/79 23	EDAR	EMETERY OR CREMATORY	234 LOCATION	polis four	AA	MS

Church mal-

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, ar ather traumatic event, the

medical exam

8 4 TO 1 - P T PT II TO DAILY TO IN THE THE MASS AT 15, 15 MILES AND THE STREET OF T The substitute of the substitu THE DAY WIS LINE PROPERTY FOR E PROPERTY FEEL FRANCE Mid Ald Cell Vin Changes and All 133 Lee De Charles Annie Colonson Many Resident Mours THE RESERVE OF THE PARTY OF THE Distance of the fact of the Date of the Constant The second secon